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## 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 (%)
<i>Age (years)</i>	
<30	42 (39.6)
30–40	50 (24.7)
>40	14 (13.2)
<i>Type of shift</i>	
Permanent	2 (1.9)
Circulating	104 (98.1)
<i>Education</i>	
BSN	84 (79.2)
Diploma	22 (20.8)
<i>Shifts per week</i>	
<7 shifts	18 (17%)
7 shifts	22 (20.8)
>7 shifts	66 (62.2)
<i>Years of work</i>	
<5 years	26 (24.5)
5–9 years	30 (28.3)
10–14 years	6 (5.7)
≥ 15 years	44 (41.5)
<i>Marital status</i>	
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
<i>Age group (year)</i>								
<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	
<i>Gender</i>								
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)
$\chi^2$	63.53		11.75		10.41		25.45	
<i>P</i>	0.001		0.851		0.885		0.011	
<i>Education</i>								
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)
$\chi^2$	17.98		7.62		4.37		27.42	
<i>P</i>	0.196		0.558		0.710		0.061	
<i>Times of aggressive events</i>								
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	

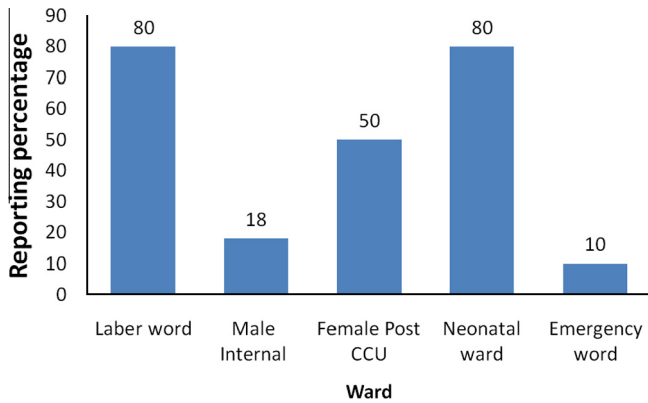


Fig. 1. Violence cases in different wards of the teaching hospitals in Ilam.

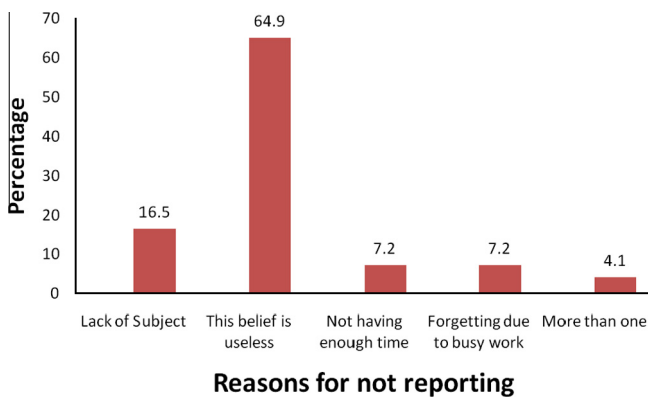


Fig. 2. Reasons for not reporting cases of violence in hospitals.

significant relationship between marital status and reporting the observed violence was seen, so married nurses reported much more cases of violence.

#### 4. Discussion

Based on results of the current study, the rate of not reporting was more than the reported cases of violence. In other studies, reporting of violent cases was not common, except in case of physical injuries to nurses. Most of reported cases of violence goes to physical violence; in other word, since physical injury has not happen, the nurses do not report and even some believe that such injuries are a part of their job, what has been reported in other studies, (Hinchberger, 2009; Salimi et al., 2007; Senuzun Ergun & Karadakovan, 2005) which are in consistence with the current one. The study revealed that the main reason for not reporting such violence in nurses' beliefs was its ineffectiveness, which is in agreement with other studies. Despite of having been assaulted the staff were aware of having legal right to develop claims against violence, they knew that no gain would be received; thus reporting was mostly not done (Salimi et al., 2007; Senuzun Ergun & Karadakovan, 2005). In the current study, the occurred violence were brought about by non-traumatic patients' attendants, traumatic patients' attendants, and traumatic patients, respectively (Salimi et al., 2007). In another study done in Iran (Salimi et al., 2007), the violators were attendants of traumatic and non-traumatic patients, traumatic patients, and finally traumatic patients, orderly. So, attendants showed much more violence to staff compared to patients themselves (Salimi et al., 2007). In respect to the time of violence occurrence, more than one shift,

night, evening, and finally morning shifts occupied the highest ranks, orderly. In other studies most of violence occurred in evening and night shifts compared to those of mornings and noon, which is in agreement with the results of this study. Working days possessed much more violence than holidays as seen in other studies (Rahmani, Dadashzadeh, Namdar, Akbari, & Allahbakhshian, 2009).

Nurses 'viewpoints on violence at hospitals demonstrated that the main causes for such invasive behaviors were nursing insufficiency, followed by inadequate security, non-prompt (delayed) physicians' visits, and finally not meeting patients' urgent needs. In other studies, insufficient facilities and paying no attention to patients have been reported as major reasons of violence, which is in line with findings of our study (Rahmani et al., 2009). The reactions of nursing staff to violence included calming down the violators, no reactions, reporting to the administrators, and finally some staff's self-defense. In another study (Rahmani et al., 2009), calming down the violators, no reaction, and reporting to management have been orderly reported, which is in agreement with our findings. Due to asking to calm down and no reaction for most of the nursing staff, it can be concluded that nurses have accepted the violence as a part of their job's nature.

#### 5. Conclusion recommendation

Based on our results, it seems that total removal of violence at hospitals is not possible, but to diminish the violence, it is suggested to identify potential causes, and make attempts to secure the hospital environment. Further, allocating different intervals to people for visiting patients admitted to each ward along with providing formal ID cards to patients 'attendants could be useful. Employing more nurses per shift, more extra payments to nurses as an incentive, and planning educational courses on communication skills for nurses and nursing students are all necessary. To improve violence reporting, introduction of report registry departments could reduce fear of reporting among staff along with improving their attitude, and finally prevention of violence as well. Since patients' safety is the first priority of health system, the curriculum should cover some topics on coping with management of aggressions and misconducts (Salimi et al., 2007). Further intensive and extensive research on violence against health care staff especially nurses is suggested.

#### Conflict of Interest

The authors declare that they have no conflict of interests.

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#### References

- Adiv, S. M., Al-Shatti, A. K., Kamal, S., El-Gerges, N., & Al-Raqem, M. (2002). Violence against nurses in healthcare facilities in Kuwait. *International Journal of Nursing Studies*, 39(4), 469–478. [http://dx.doi.org/10.1016/S0020-7489\(01\)00050-5](http://dx.doi.org/10.1016/S0020-7489(01)00050-5).
- Cezar, E. S., & Marziale, M. H. (2006). Occupational violence problems in an emergency hospital in Londrina, Parana, Brazil. *Cad Saude Publica*, 22(1), 217–221. doi: S0102-311X2006000100024.
- Felton, J. S. (1997). Violence prevention at the health care site. *Occupational Medicine*, 12(4), 701–715.
- Findorff, M. J., McGovern, P. M., Wall, M., Gerberich, S. G., & Alexander, B. (2004). Risk factors for work related violence in a health care organization. *Injury*

- Prevention: Journal of the International Society for Child and Adolescent Injury Prevention*, 10(5), 296–302. <http://dx.doi.org/10.1136/ip.2003.004747>.
- Gerberich, S. G., Church, T. R., McGovern, P. M., Hansen, H., Nachreiner, N. M., Geisser, M. S., Ryan, A. D., Mongin, S. J., Watt, G. D., & Jurek, A. (2005). Risk factors for work-related assaults on nurses. *Epidemiology*, 16(5), 704–709. doi: 00001648-200509000-00020 [pii].
- Ghodsbin, F., Dehbozorgi, Z., & Tayari, N. (2009). Survey of violence against nurses personnel. *Daneshvar Medicine*, 16(78), 45–52 [Research].
- Hinchberger, P. A. (2009). Violence against female student nurses in the workplace. *Nursing Forum*, 44(1), 37–46. doi: 10.1111/j.1744-6198.2009.00125.x NUF125 [pii].
- Islam, S. S., Edla, S. R., Mujuru, P., Doyle, E. J., & Ducatman, A. M. (2003). Risk factors for physical assault. State-managed workers' compensation experience. *American Journal of Preventive Medicine*, 25(1), 31–37. doi: S0749379703000953 [pii].
- Kisa, S. (2008). Turkish nurses' experiences of verbal abuse at work. *Archives of Psychiatric Nursing*, 22(4), 200–207. doi: 10.1016/j.apnu.2007.06.013 S0883-9417(08)00006-X [pii].
- Lin, Y.-H., & Liu, H.-E. (2005). The impact of workplace violence on nurses in South Taiwan. *International Journal of Nursing Studies*, 42(7), 773–778. <http://dx.doi.org/10.1016/j.ijnurstu.2004.11.010>.
- Littrell, K. H., & Littrell, S. H. (1998). Current understanding of violence and aggression: assessment and treatment. *Journal of Psychosocial Nursing and Mental Health Services*, 36(12), 18–24.
- Luck, L., Jackson, D., & Usher, K. (2008). Innocent or culpable? Meanings that emergency department nurses ascribe to individual acts of violence. *Journal of Clinical Nursing*, 17(8), 1071–1078. doi: JCN1870 [pii] 10.1111/j.1365-2702.2006.01870.x.
- O'Connell, B., Young, J., Brooks, J., Hutchings, J., & Lofthouse, J. (2000). Nurses' perceptions of the nature and frequency of aggression in general ward settings and high dependency areas. *Journal of Clinical Nursing*, 9(4), 602–610.
- Rahmani, A., Dadashzadeh, A., Namdar, H., Akbari, M.-A., & Allahbakhshian, A. (2009). Assessing workplace violence toward EMS' personnel in prehospital settings of East Azerbaijan Province. *International Journal of Financial Management*, 15(2), 100–107.
- Salimi, J., Ezazi Erdi, L., & Karbakhsh Davari, M. (2007). Violence against nurses in non-psychiatry emergency wards. *International Journal of Financial Management*, 12(4), 202–209 [Research].
- Senuzun Ergun, F., & Karadakovan, A. (2005). Violence towards nursing staff in emergency departments in one Turkish city. *International Nursing Review*, 52(2), 154–160. doi: INR420 [pii] 10.1111/j.1466-7657.2005.00420.x.
- Shoghi, M., Sanjari, M., Shirazi, F., Heidari, S., Salemi, S., & Mirzabeigi, G. (2008). Workplace violence and abuse against nurses in hospitals in Iran. *Asian Nursing Research*, 2(3), 184–193. [http://dx.doi.org/10.1016/S1976-1317\(08\)60042-0](http://dx.doi.org/10.1016/S1976-1317(08)60042-0).
- Whittington, R., Shuttleworth, S., & Hill, L. (1996). Violence to staff in a general hospital setting. *Journal of Advanced Nursing*, 24(2), 326–333.
- Winstanley, S., & Whittington, R. (2004). Aggression towards health care staff in a UK general hospital: Variation among professions and departments. *Journal of Clinical Nursing*, 13(1), 3–10. doi: 807 [pii].