

# Violence Towards Nurses Staff at Teaching Hospitals in Mosul City

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## Abstract

**Background:** Defining violence is one of the most common types of abuse at work in health care systems. The U.S. The Emergency Nurses Association found that workplace violence in the health service (3.8) is greater than privacy abuse, and also that the emergency room was especially susceptible.

**Objectives:** To determine the violence against nurses in (ED)at teaching hospital in Mosul city/Iraq

**Method:** To accomplish the study a retrospective research approach (2 years) was used. Sample study (218) nurse, (100) female, while male (118). The instrument developed by (Brislin, 1970) The questionnaire consist of (3) parts: part I includes demographic characteristics (6) variable such as (age, sex, qualification, working place, experience years and experience of ED). Part II: includes the main causes of the physical violence (eight items).Part III: include nonphysical violence (eight items).

**Results:** The study found more than one-third of nurses was subject to physical abuse almost (37.61%), most of them exposure to nonphysical violence (73.3%). that mean the assault direction nurses in ED are widespread.

**Conclusion:** The researcher concluded that the assault direction nurses who work in ED are widespread epically nonphysical violence, the most of the perpetrators of the assault direction the nurses in the EU are the relatives.

**Keywords:** Violence, Nurses staff, emergency department.

## Introduction

Violence is one of the most popular types of violence at work in healthcare systems. The U.S. The Emergency Nurses Association found that workplace violence in the health service (3.8) is greater than privacy abuse, and also that the emergency room was especially susceptible<sup>(1)</sup>. The CDC as an organization stated that abuse has long been known as an occupational hazard for many patients as the front door to the hospital,

particularly, the assault experience frequently occurs in the emergency room due to urgent patients' needs. Throughout recent decades, aggression in all its manifestations has risen significantly across the globe. Concerns about workplace abuse against health workers are now common.<sup>(2)</sup> The problem in health care violence is not new it was possible always part of nursing<sup>(3)</sup>. The emergency department is open 24 hours a day, and the nurse is at the front of the patient's service delivery. As a result, the high incidence of attack among nurses was not reduced, which was the main reason for the job loss<sup>(2)</sup>. Nurses work in emergency departments are at high risk of workplace violence as nurses meet and communicate with patients or families, thus offering more treatment than most other treatment professions<sup>(4)</sup>. Patients and their families may use violence against nursing staff in response to stress caused by injuries or illness, and a range

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of official studies, newspapers, stories and international initiatives have focused attention on the problem around the world <sup>(5)</sup>. Violence in healthcare, from illness or relatives of the patient in the form of verbal abuse or beatings has increased significantly in recent times <sup>(6)</sup>. In particular, this violence presents a significant challenge to healthcare workers in the delivery of services to patients or related individuals and adversely affects the delivery of healthcare services<sup>(7)</sup>. Workplace violence incidents have become a growing problem for various professions, but nursing is known as one profession where the violent incidents rise e.g. beating nurses and insulted him verbally has become a bigtrouble that affects nurses everywhere<sup>(8)</sup>. The health sector in Iraq suffered abuse, especially after the invasion of Iraq by the US due to the lack of protective means and the absence of legal legislation to prevent infringement on health care providers. And there is no clear database for determining the prevalence of violence toward nurses in Iraq’s emergency services, especially the city of Mosul. The study aimed to identify the prevalence of violence towards nursesstaff at teaching hospitals in Mosul City.

**Methodology**

A retrospective study design for two years was used to achieve the study. The study carry out from emergency

departments in the following teaching hospitals in Mosul city includes Al-Slam Teaching hospital, Al-Zahraoe Teaching hospital, Al-Kanssa teaching hospital and Ibn-Alatheer teaching hospital). The period of this study was extend from 1/1/2017 end to the 1/1/2019 (retrospective) and the data were collected from 1/1/2020 to 29/1/2020. Random sample use involved (218) nurse (100) female, and (118) male who working in emergency departments in deferent Mosul teaching hospital minted before. The instrument developed by (Brislin,1970) consist of closed ended items to assess the abuse at work against nurses working in ED. Questionnaire consist (3) parts: part one includes demographic characteristics (6)variable such as (age, sex, qualification, working setting, experience years in health sector and experience of ED). Part two: includes the main causes of the physical violence (8 items) multiple choose question. Part Three include nonphysical violence (7 items) multiple choose question. The data of the study were collected by interview technique and all items in questionnaire was quickly explained with all participants. Data were collected for each nurse was transferred into code sheet and data entry was done using computer. Descriptive statistics e.g. number, %, mean of score and SD were calculated for nominal level data such as demographics date and individual items within the questionnaire.

**Results**

**Table 1: Test distribution according to their demographic variables.**

Hospital	No.	%	Mean	SD
Al-Zahrawee teaching hpspital	56	25.7	2.75	1.19
Ibn-Atheer teaching hospital	16	7.4		
Al-Kanssa teaching hospitals	71	32.4		
Al-Salam teaching hospitals	75	34.5		
<b>Total</b>	<b>218</b>	<b>100%</b>		
Age group	No.	%	Mean	SD
(20-25)	71	32.75	2.39	1.41
(26-30)	67	30.73		
(31-35)	35	16.12		
(36-40)	26	11.8		
(41-45)	6	2.7		
46 or more	13	5.9		
<b>Total</b>	<b>218</b>	<b>100%</b>		
Gender	No.	%	Mean	SD

<b>Hospital</b>	<b>No.</b>	<b>%</b>	<b>Mean</b>	<b>SD</b>
Male	118	54.12	1.46	0.49
Female	100	45.88		
<b>Total</b>	<b>220</b>	<b>100%</b>		
<b>Qualification</b>	<b>No.</b>	<b>%</b>	<b>Mean</b>	<b>SD</b>
Preparatory nursing	80	36.6	1.90	0.78
Diploma	82	37.6		
Bachelor	56	25.8		
Post graduate	0	0		
<b>Total</b>	<b>218</b>	<b>100%</b>		
<b>Experience years</b>	<b>No.</b>	<b>%</b>	<b>Mean</b>	<b>SD</b>
Less than 5 years	77	35.4	1.87	0.74
5-10 years	94	43.1		
More than 10 years	47	21.5		
<b>Total</b>	<b>218</b>	<b>100%</b>		
<b>Experience in emergency departments</b>	<b>No.</b>	<b>%</b>	<b>Mean</b>	<b>SD</b>
Less than 6 months	70	32.2	2.10	0.98
6-12 Months	77	35.3		
More than 1-4 years	48	22		
5 years or more	23	10.5		
<b>Total</b>	<b>218</b>	<b>100%</b>		

**Table 2: Distribution of the sample analysis according to periods of exposure to abuse**

<b>No. of exposition to the abuse</b>	<b>Physical abuse</b>		<b>Non-physical abuse</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
Never	136	62.38	59	26.7
Once	61	27.87	90	40.7
2-3 times	16	7.33	57	25.8
4 or more	5	2.92	12	5.4
<b>Total</b>	<b>218</b>	<b>100%</b>	<b>218</b>	<b>100%</b>

**Table 3: Distribution of the study sample according to source of violence from**

<b>Source of violence from</b>	<b>Physical violence</b>		<b>Non-physical violence</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
From patient	7	8.1	69	43.4
From relative	70	80.6	118	74.2
From coworkers	6	6.9	2	1.2
From others	4	4.4	0	0
<b>Total</b>	<b>87</b>	<b>100%</b>	<b>159</b>	<b>100%</b>

**Table 4: Distribution of the sample of the study based on the need for treatment with violence**

Receive treatment after the incident	Physical violence		Non-physical violence	
	No.	%	No.	%
Yes, I receive treatment	24	29.3	11	6.9
No needs for treatment.	47	57.3	116	72.9
I need treatment, but did not receive	8	9.7	32	20.2
Self-treatment	3	3.7	0	0
Total	82	100%	159	100%

**Table (5): Distribution the main causes of incident according the nurses opinion.**

Causes of incident	Physical violence		Non-physical violence	
	No.	%	No.	%
Waiting for Services	23	28	44	27.6
Failure to fulfill the patient’s needs with her or his companions	11	13.4	6	3.7
Mental health/psychiatric health	37	45.1	27	17
Form of staff dealing with the patient	6	7.3	4	2.5
Medication unavailability or patient care needed	5	6	21	13.2
Fear or stress	6	7.3	23	14.4
Lack of tools to avoid a staff attack	7	8.5	32	20.1
Impact of disease/pain	8	9.7	14	8.8
Influence of alcohol/drugs	9	10.9	18	11.3
Do not know the reason	10	12.2	22	13.8
Another reason	11(p-death)	13.4	15(p-death)	9.4
Total	82		159	

### Discussion

Important findings relating to physical and non-physical abuse are discussed in the Mosul TH, with regard to the study questions. Table (1) indicate that there are the most nurses working in Al-Salam teaching hospitals (35%), and the highest of them aged between (20-25 years), (32.3) with Diploma (37.3%). The high number of them with experience as a nurse (5-10 years), (42.7%), and their most of them (6-12) months experience in emergency department. The expertise and experience of nurses play an significant role in the prevention of violence; thus, less experience and inexperience nurses do not have enough knowledge to deal with the aggressor or to meet the disease’s needs quickly, and they are more vulnerable to abuse<sup>(10,11)</sup>.

Table (2) indicated that more than one-third of nurses was subject to physical abuse almost (37.61%), most of them exposure to nonphysical violence (73.3%). that

mean the assault against nurses in ED are widespread. Research contrasts with research (Darawadet.al., 2015) in Jordan nearly (91.4%) in this study exposure to work place violence among nurses in government hospitals<sup>(12)</sup>. Although exposure to workplace violence was lower among those younger than older respondents, reversal trend seen in other studies<sup>(13)</sup>. Table (3) revealed that the most of the perpetrators of the assault towards the nurses staff in the EU are the relatives, physical violence (80.6%) and Non-physical violence (74.2%). Hence in this study, patient families were the primary source of abuse. Research agreement with the Chinese research by (Jiao, 2015) which reported that nurses were subjected to violence from relative clients approximately (93.5%) and comparable to that in Iran.<sup>(15)</sup>. This table(4) indicated that most of those affected by the incidents of violence did not require interference to treat their condition. Physical (57.3%), and nonphysical (72.9%). The present study suggested that the key reason for not

disclosing the incident of violence was that they found it to be unimportant (74.3%), higher than the studies published in Iran<sup>(15)</sup>. Table (5) indicated that the most causes of the physical violence are mental health and psychiatric health (45.1%) while the main causes of nonphysical violence are waiting to receive services, (27.6%). The popular forms of physical violence are pushing, punching, kicking and slapping, whereas verbal violence was the kind of non-physical abuse has been impact nurses (Fuaad,2016). Another risk factor listed by 28.6 per cent of respondents as significant in precipitating violence towards them was the lack of resources required to avoid harassment or violence against healthcare workers. Reinforced by<sup>(11)</sup>, which found less of violence reduction approaches and resources to be a contributing factor in cases of harassment.

### Conclusion

Based on the study finding the researcher concluded that the assault against nurses who work in ED are widespread especially nonphysical violence, the most of the perpetrators of the assault against the nurses in the EU are the relatives. While that most incidents of violence occurred in the treatment room.

**Recommendations:** The researcher suggested that the advanced practice nurse help define evidence-based treatment practices that can be integrated into healthcare systems to minimize the level of assaults in the workplace, improve safety, Provide guidance and preparation for advanced-practice nurses to serve as educators and advocates for staff members and provide them with critical strategies to better prepare them to deal with abuse at work.

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