

Effect of Workplace Violence against Nurses in Al-Najaf Teaching Hospitals

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Abstract- Background: Violence against health care workers (HCWs) or workplace violence in general is a major problem affecting health and productivity of HCWs.

Objective: to identify the effect and sources of workplace violence against female's nurses. To find out the relationship between the effect of workplace violence on females' nurses and other factors such as (demographic, reproductive health and etc.). **Material and methods:** A cross-sectional analytic study has been carried out Al - Sadder Medical City and Al-Zahraa Teaching Hospital, November, 1st, 2015 until September, 15th, 2016. A purposive sample of (280) nurses. **Results:** The study showed that low percentage (10%) from nurses subjected to psychological workplace violence. **Conclusion and Recommendation:** The study concludes that the majority of study sample not exposed to any type of workplace violence. But there are low percentage from nurses exposed to workplace violence. The study recommends Curriculum development for nursing students regarding methods of communicating in order to reduce the exposure to violence in the workplace, organizing courses for nurses to define their duties and their rights, as well as development of the skill of the nurses on how to deal with incidents of violence and critical situations and Legislation and activating the laws that promote the protection of health workers, especially female nurses from all sources of violence.

Index Terms- Effect, Work place violence, Nurse.

I. INTRODUCTION

Violence against women is the most prevalent problem in the world within a human rights violation. As well as regarded a deep health problem that weakens female's power, exposes their physical and mental health to danger and erodes their self-confidence. Moreover it increases possibility to hurt, violence incidents increases several other health problems, such as chronic pain, depression, drug and alcohol abuse, and physical disability ⁽¹⁾.

Definition of violence in general according to the (WHO) where deliberately used of physical ability, threatened against himself or other people, a group or community, that either high probability for psychological harm, injury, death, mal development or deprivation ⁽²⁾.

At 1980s and 1990s, it has been seen a rapidly growth in the problems of workplace violence, especially in North America, Australia and Europe. in addition to increasing in searches interest has come a large numbers of published guidance at the professional/occupational and national levels.

Intervention and research both were underpinned by a growing realization that violence was becoming a common reality in many workplaces in the worldwide. Actually, in the eyes of many commentators, the problem of violence at work has risen to the point where, in many countries, it represents a "national epidemic" and an occupational health problem of a large percentage ⁽³⁾.

One alarming phenomena in the world is violence in the workplace. The true size of the problem is largely unknown and recent researches indicate that present numbers constitute only the tip of the iceberg to be alert to these actions and their risk factors may help nurses expect that an incident of violence at work is likely to happen ⁽⁴⁾.

WHO reported that work place violence (WPV) in 2002, is one of the important causes of mortality employees aged 15-44 years. Violence at work has effects on productivity and quality of customer service, not only on lives ⁽⁵⁾.

Objectives of the study:

To identify the effect and sources of workplace violence in Al-Najaf Teaching Hospitals, to find out the relationship between the effect of workplace violence on female's nurses and other factors such as (demographic, reproductive health and etc.).

II. METHODOLOGY

A cross-sectional analytic study performed on female's nurses who work in AL-Najaf Teaching Hospitals, from November, 1st, 2015 until September, 15th, 2016. A formal agreement was acquired from Ministry of Planning/Central Council for statistic. Also a formal agreement was acquired from the Nursing Department in the Faculty of Nursing/ Kufa University. A non-Probability (Purposive Sample) of 280 females' nurses. A non-Probability (Purposive Sample) of 280 females' nurses were selected and the criteria of the sample are: Females nurses who work in all departments of Al- Sadder Medical City and Al- Zahraa Teaching Hospital in Al-Najaf City and female nurses who work in morning and evening shifts. The questionnaire format consisted from (2) parts.

Part I: Functional and Demographic Data Form:

A demographic information sheet that consisted of (12) items. They include age, marital status, economic status, experience years, level of education, name of the hospital or center, ward name, direct contact with patients, patient 's gender, position in the work, work in shift and know your rights.

Part II: Violence Types:

This section it is consist of (1) domain, which contains psychological violence. Every domain contains (6) aspects which include source of violence, reaction of a violence incidents, the impact of an incident violence, times of a violence incidents, and locations of a violence incidents.

Statistical Analysis:

The Statistical Package SPSS (Statistical Package for Social Science) version (20) and Microsoft Excel application was

used for data processing and statistical analysis. Data analyzed through the application of two statistical approaches. **A descriptive data analysis** includes: a- Frequencies and Percentages, b- Measures of central tendency: Mean, Standard Deviation, mean of scores (MS), and c- Pearson's Correlation Coefficients to determine the reliability of the questionnaire (internal consistency) through using Alpha Cronbach., and **Inferential Data Analysis** includes a- Chi-Square test.

III. RESULTS

Table (1): Statistical distribution of the Nurses ' according to their demographic data.

Demographic data	Rating and intervals	Freq.	%
age (Years)	=< 20	34	12.1
	21 - 30	202	72.1
	31 - 40	24	8.6
	41 - 50	16	5.7
	51 - 60	2	0.7
	61 Up	2	0.7
Marital status	Single	155	55.4
	Married	111	39.6
	Widow	9	3.2
	Divorced	5	1.8
Monthly Income	Enough	41	14.6
	Sometime Enough	127	45.4
	Not Enough	112	40.0
Experience years	=< 1	124	44.3
	1 - 5	120	42.9
	6 - 10	11	3.9
	11 - 15	6	2.1
	16 Up	19	6.8
Educational Level	Nursing Course	6	2.1
	Nursing School	7	2.5
	Nursing secondary	133	47.5
	Diploma of Nursing	83	29.6
	Bachelor of Nursing	51	18.2
Hospital or Center Name	Al-Sadder Medical City	108	38.6
	AL-Zahraa Teaching Hospital	122	43.6
	Open Heart Center	15	5.4
	Burn Center	3	1.1
	Tumor Center	13	4.6
	Fertility Center	3	1.1
	Diabetes Center	5	1.8
	Al-forat Center for Neurological Sciences	6	2.1
	Joints and Rehabilitation Centre	3	1.1
Kidney diseases center	2	0.7	

Table (1) (continue ...)

Units name	Surgical room	34	12.1
	Internal room	22	7.9
	Emergency room	35	12.5

	Children unit	27	9.6
	Women unit	49	17.5
	Obstetrics room	20	7.1
	Respiratory Care unit	14	5.0
	Cardiac Care unit	12	4.3
	Operations room	42	15.0
	Consulting room	17	6.1
	Men room	8	2.9
Directly dealing with patients	Yes	272	97.1
	No	8	2.9
Patient gender	Females	149	53.2
	Males	4	1.4
	Mixed	124	44.3
	I don't deal	3	1.1
Position of your occupation	Nurse ward	194	69.3
	Responsible ward	9	3.2
	Head Nurse	6	2.1
	Responsible unit midwife	15	5.4
	Assistant Nursing	3	1.1
	Assistant surgeon	40	14.3
	Total	280	100%
Do you work with Shifts system	Yes	93	33.2
	No	187	66.8
Do you know your rights at work?	Yes	233	83.2
	No	47	16.8
Total		280	100%

Freq.= frequency, %= percentage.

Table (1) shows that the highest percentage is (72.1%) of study sample at age group (21-30). The highest percentage is (55.4%) for single. Concerning monthly income: the highest percentage is (45.4%) for some times enough. Regarding experience years: the highest percentage is (44.3%) for less than one year. Concerning educational levels: the highest percentage is (47.5%) of them graduated from Nursing secondary. Regarding hospital or center name, the highest percentage is (43.6%) most of nurses working in Al- Zahra Teaching Hospital. Concerning unit name: the highest percentage (17.5%) of nurses

working in the women ward. Regarding Directly dealing with patients: the highest percentage is (97.1%) of study sample directly dealing with patients. Concerning patient gender: the highest percentage is (53.2%) of nurses dealing with females. Regarding position of your occupation: the highest percentage is (69.3%) of study sample who are nurses ward. Concerning do you work with shifts system: the highest percentage is (66.8%) of nurses who do not work in shift system. Regarding do you know your rights at work: the highest percentage is (83.2%) of nurses are know your rights at work.

Table (2): Statistical distribution of Exposure to psychological violence Items.

Exposure to psychological violence (Items)	Rating	Freq.	%	M.S	Assessment
1- exposed to spitting.	Exposed	8	2.9	1.97	Pass
	Not Exposed	272	97.1		
2-exposed to obsession	Exposed	50	17.9	1.82	Pass
	Not Exposed	230	82.1		
3- exposed to neglecting	Exposed	72	25.7	1.74	Pass
	Not Exposed	208	74.3		
4- exposed to insulting	Exposed	66	23.6	1.76	Pass
	Not Exposed	214	76.4		
5- exposed to personal privacy intervention	Exposed	48	17.1	1.83	Pass
	Not Exposed	232	82.9		

6- exposed to libel	Exposed	22	7.9	1.92	Pass
	Not Exposed	258	92.1		
7- exposed to sarcasm	Exposed	32	11.4	1.89	Pass
	Not Exposed	248	88.6		
8- exposed to punishment threat	Exposed	81	28.9	1.71	Pass
	Not Exposed	199	71.1		
9- exposed to weapon threat	Exposed	2	0.7	1.99	Pass
	Not Exposed	278	99.3		
10- exposed to work leaving threat	Exposed	34	12.1	1.88	Pass
	Not Exposed	246	87.9		
11- exposed to reward deprivation threat.	Exposed	49	17.5	1.83	Pass
	Not Exposed	231	82.5		
12- exposed to salary stopping threat	Exposed	64	22.9	1.77	Pass
	Not Exposed	216	77.1		
13- exposed to cursing.	Exposed	23	8.2	1.92	Pass
	Not Exposed	257	91.8		
14- exposed to threatened notify administration	Exposed	57	20.4	1.80	Pass
	Not Exposed	223	79.6		
15- exposed to full maternity	Exposed	2	0.7	1.99	Pass
	Not Exposed	278	99.3		
16- exposed to deprivation of time feeding your baby	Exposed	10	3.6	1.96	Pass
	Not Exposed	270	96.4		
17- exposed to sick leave deprivation	Exposed	42	15.0	1.85	Pass
	Not Exposed	238	85.0		
18- exposed to assignments than working as scheduled	Exposed	98	35.0	1.65	Pass
	Not Exposed	182	65.0		
19- exposed to force you to constantly official holidays	Exposed	68	24.3	1.76	Pass
	Not Exposed	212	75.7		

Table (2) (continue ...)

20- exposed to discrimination rights and duties Being Female	Exposed	51	18.2	1.82	Pass
	Not Exposed	229	81.8		
21- exposed to transferring my work position for being pregnant	Exposed	8	2.9	1.97	Pass
	Not Exposed	272	97.1		
22- exposed to changing my work place after my giving birth leave	Exposed	12	4.3	1.96	Pass
	Not Exposed	268	95.7		
23- exposed to legations unjust	Exposed	87	31.1	1.69	Pass
	Not Exposed	193	68.9		
24- exposed to inequality training courses	Exposed	103	36.8	1.63	Pass
	Not Exposed	177	63.2		
25- exposed to underestimate my functional description	Exposed	106	37.9	1.62	Pass
	Not Exposed	174	62.1		
Overall exposure	Exposed	28	10.0	1.90	pass
	Not Exposed	252	90.0		

Freq.= frequency,%= percentage, M.S= mean of score (mean of score <= 1.5 fail, Mean of score > 1.5 pass)

Table (2) reveal is the highest percentage is (37.9%) from sample of study exposed to under estimate your functional description, while the lowest percentage is (0.7%) from sample of study exposed to the weapon threat and full motherhood leave

deprivation threat. The highest percentage is (90.0%) of nurses who are not exposed to psychological violence. However, (10.0%) of nurse's exposure to psychological violence.

Table (3): Statistical distribution of The effect of psychological violence incident (Items).

The effect of psychological violence incident (Items)	Rating	Freq.	%	M.S	Assessment
1- Fatigue	Yes	100	35.7	1.64	Pass
	No	180	64.3		
2-Depression	Yes	76	27.1	1.73	Pass
	No	204	72.9		
3- Chronic headaches	Yes	35	12.5	1.88	Pass
	No	245	87.5		
4- Nightmares or sleeping disorders	Yes	21	7.5	1.93	Pass
	No	259	92.5		
5- loss of self-confidence	Yes	21	7.5	1.93	Pass
	No	259	92.5		
6- Disappointment	Yes	65	23.2	1.77	Pass
	No	215	76.8		
7- Pains / cramps	Yes	26	9.3	1.91	Pass
	No	254	90.7		
8-Negative effect on the performance of work and care for the patients	Yes	36	12.9	1.87	Pass
	No	244	87.1		
9- Absences and leave work	Yes	7	2.5	1.98	Pass
	No	273	97.5		
10- Hating work	Yes	90	32.1	1.68	pass
	No	190	67.9		

Freq.= frequency,%= percentage, M.S= mean of score (mean of score <= 1.5 fail, Mean of score > 1.5 pass)

Table (3) shows the highest percentage is (35.7%) which refers to fatigue, and lowest percentage is (2.5%) which refers to the absence and leaving the work.

Table (4): Statistical distribution of perpetrator of psychological violence Items.

Perpetrator of psychological violence (Items)	Rating	Freq.	%	M.S	Assessment
1- patient	Yes	38	13.6	1.86	Pass
	No	242	86.4		
2- patient's relatives	Yes	61	21.8	1.78	Pass
	No	219	78.2		
3- co-worker	Yes	58	20.7	1.79	Pass
	No	222	79.3		
4- manager	Yes	114	40.7	1.59	Pass
	No	166	59.3		
5- visitor	Yes	17	6.1	1.94	Pass
	No	263	93.9		

Freq.= frequency, %= percentage, M.S= mean of score (mean of score <= 1.5 fail, Mean of score > 1.5 pass)

Table (4) shows the highest percentage is (40.7%) which refers to manager, and lowest percentage is (6.1%) which refers to the visitor.

Table (5): relationship between Psychological violence and their demographic data.

Demographic data	Chi-square (X^2)	df	P-value (Sig.)
age (Years)	4.752	5	0.447 (NS)
Marital status	2.125	3	0.547 (NS)
Monthly Income	2.016	2	0.365 (NS)
Experience years	8.987	4	0.061 (NS)
Educational Level	6.967	4	0.138 (NS)
Hospital or Center Name	14.457	9	0.107 (NS)
Unit name	9.043	10	0.528 (NS)
Directly dealing with patients	0.057	1	0.811 (NS)
Patient gender	1.653	3	0.647 (NS)
Position of your occupation	4.159	6	0.655 (NS)
Do you work with Shifts system	1.304	1	0.253 (NS)
Do you know your rights at work?	5.253	1	0.022 (S)

S: significant, df: degree of freedom.

Table (5) indicates that there is a significant relationship between the exposure to psychological violence and their know your rights at work at p-value less than 0.05. While there is a non-significant relationship with the exposure to psychological violence and other demographic data.

IV. DISCUSSION

According to (Table 1) in regards to age, the majority of study samples are within age group (20-30) years old. Ahmed, (2012), supports this result; the researcher reported that age 20 years old is dominant age for the study sample⁽⁶⁾.

Concerning the marital status, the highest percentage is a single nurse. This result is disagree with Ching Chen, et al., (2009) that is show majority of study sample are married. In addition, this result comes because the political and economic situation and even the age groups of the study sample; these reasons make the majority of the Iraqis people do not like to marry early⁽⁷⁾.

Concerning the monthly income, the study results indicate that the majority of the study sample are exhibit sometimes enough socio-economic status. The current financial crisis has led to renewed scrutiny of public finances in terms of value for money, and the all-social classes facing some limitation in term of decreasing in socio-economic status. Therefore, we can concluded that the Iraqis people the majority of them are facing the same thing.

Regarding years of experience, the highest percentage of the study subjects having one year. Khademloo, et al, (2013) they stated that most of the study participants are experience years one year supports this result⁽⁸⁾.

Concerning educational levels of nurses, the highest percentage graduated from Nursing secondary. This result is disagree with Serpil Talas, et al., (2011) that found the majority of study sample graduated from nursing college, because of College of Nursing is updated and that the largest proportion of nurses in hospitals are graduates from nursing secondary⁽⁹⁾.

Regarding Hospital or Center Name, the highest percentage of nurses working in Al- Zahra Teaching Hospital, Concerning Unit name, and the highest percentage of nurses

working in the women ward. This result disagree with Ching Chen W, et al., (2009) that found most study nurses working in the acute wards. In addition, because the study is focused on the female nurses, so much of them are working in hospitals that specialized in maternity and obstetric, and that is related to teaching my religion that not wanted mix between males and females⁽⁷⁾.

Regarding directly dealing with patients, the highest percentage of study sample directly dealing with patients. Unfortunately, the researcher do not find a supportive article for this result. However, this result comes because the nurses are working directly and dealing directly with the patients, and provide bedside services.

Concerning patients' gender, the highest percentage of nurses dealing with females. However, this result comes because the nurses are working most commonly in a maternity and obstetric wards, so they more dealing with female patients.

Concerning work with Shifts system, the highest percentage of nurses working in morning shift. This result supported by Shoghi, et al., (2008), who reported that, the highest percentage of study sample working in morning shift⁽¹⁰⁾.

Concerning knowledge about nurses rights at work, the highest percentage of nurses know about their rights at work. This results come because the higher percentage of the nurses are graduated from institute, so they have awareness about their rights, also the policy of the hospitals make the nurses aware about their rights in regarding their job prescription, economic affairs and other things.

According to the results show in (Table 2) the study indicatethat the exposure to psychological violence, some of nurses in the present study exposed to psychological violence. This result supported by Ahmed, (2012); Moustafa et al (2010) who reported some nurses subjected to psychological violence in their workplace⁽⁶⁾ ⁽¹²⁾.

The study results (Table 3) reveal that theeffect of violence on nurses is fatigue. This result disagrees with Chen, et al, (2008) who stated that the effect of psychological violence on nurses are anxiety. In addition, these results might come because the different in psychological violence levels and scales that the researchers studied⁽⁷⁾.

In (Table 4) shows perpetrator of violent incidents in this domain is the manager. This result is in agreement with the study done by Koukia, et al., (2010); Ayranci et al., (2006) they reported that perpetrator of violence incidents is manager^{(11), (13)}.

In regards to the result in (Table 5) indicates that there is a significant association between exposures to psychological violence and the nurses' knowledge about their rights at work. This result disagree with Chen, et al, (2009), who found there is no relationship between exposures to psychological violence and nurses' demographic data. This result comes because that a knowledgeable nurses able to protect themselves from the different types of violence, so the study results indicate that there is a significant relationship⁽⁷⁾.

V. CONCLUSION

According to the study findings and discussion, the study concluded the following: Majority of study sample are nurses who are not exposed to any type of workplace violence. But nurses exposed to workplace violence constitute the low percentage. The knowledge of work rights and nurses exposure to psychological violence at the workplace are tightly connected. The majority of psychological violence perpetrators are the managers.

VI. RECOMMENDATION

According to present results and conclusions, the researcher recommends that:

1. Organizing courses for nurses to define their duties and their rights, as well as to develop nurses skills on how to deal with incidents of violence and critical situations.
2. Legislation and activating the laws that promote the protection of health workers, especially female nurses from all sources of violence.
3. Create communication methods between managers, legal units and female nurses in hospitals for the purpose of facilitating news about the incidents of violence against nurses to be controlled.
4. Curriculum development for nursing students regarding methods of communicating, professional ethics in order to reduce the exposure to violence in the workplace.

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