

AGGRESSION AGAINST NURSING PROFESSIONALS

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ABSTRACT

Introduction: Industrialization of the world and lack of patient physician/health worker interrelationship has caused aggressive behavior to nurses and health professionals. Nurses are first line cares for the patients and often are observers of such behaviors. These behaviors can be in the form of verbal or physical abuse. The latter has affected work satisfaction and can influence nursing safety during duty

Materials and Methods: This was a cross-sectional study with filling of questionnaires by nurses forming committees and by protocol proposed by the WHO. All nurses (21 individuals) on all wards who agreed to participate in group discussions were included over period of 3 months July-September 2010. Demographic information on aggressors, nursing units most affected was also collected. Information was entered into computer and analyzed using SPSS 16 medical software.

Results: Aggression against nurses come in verbal and physical forms, disrupt work security and environment (68% time) and quality of care (84% of time).

Discussion: Aggressive behavior not only influences workplace safety and functioning but is also disrespect to what we as humans take pride in ourselves social and cooperative beings.

INTRODUCTION

Industrialization of the world and lack of patient physician/health worker interrelationship has caused aggressive behavior to nurses and health professionals. Nurses are first line cares for the patients and often are observers of such behaviors. These behaviors can be in the form of verbal or physical abuse. The latter has affected work satisfaction and can influence nursing during safety and duty hours. (Aghlinejad *et al.* 2011, Salimi 1996, Badger & Mullan 2004, WHO 2003)

In Iran questionnaires have been completed by nurses particularly in the emergency department. Aggressors have been mostly patient accompaniments. Measures taken have been to try to preserve peacefulness. Workshops have been proposed, nurses are encouraged to keep better relations with patients and their company, more number of nurses have been suggested, security measures have been taken and

measures have been taken to prepare health workers to prevent and to face such difficulties. University hospitals have reported 99% of cases of aggressive behavior which has been mostly verbal and physical aggression has been reported at 40%. Reasons for such aggressions have been noted to be long waiting lists in the emergency room, lack of triage, high medical costs, lack of insurance coverage and few numbers of working personnel per shift. (Aghlinejad *et al.* 1390, Salimi 1996.)

Other countries note risk factors have included use of alcohol, age and social expectations. (Ferns *et al.* 2005)

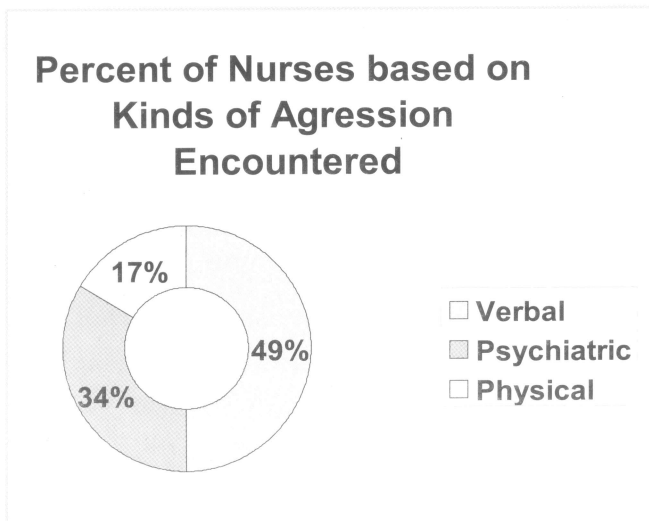
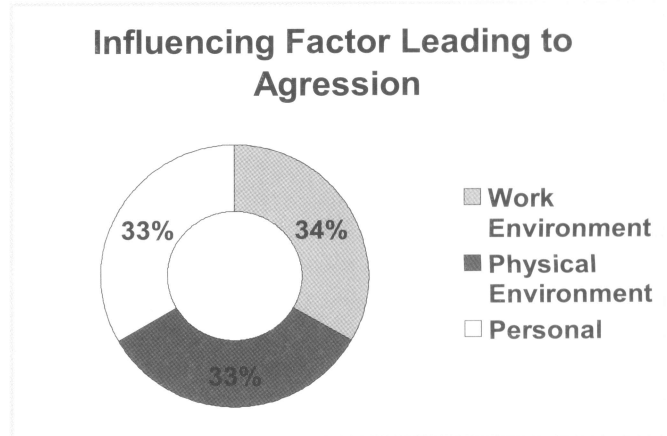
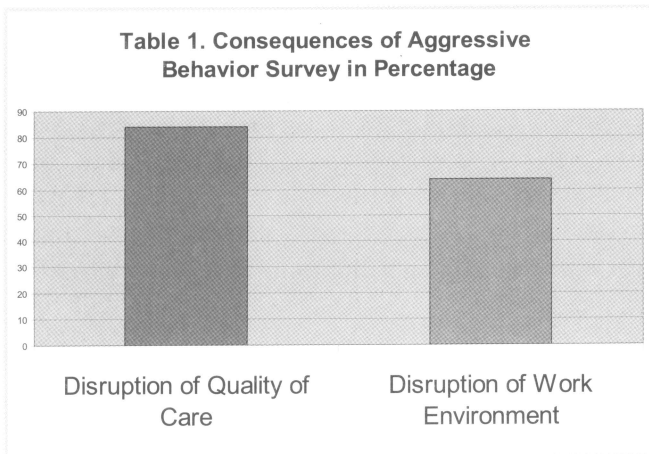
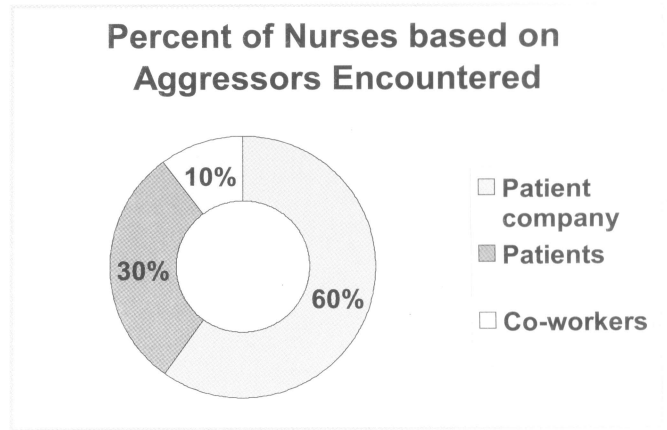
The purpose of this study was to assess the kinds of aggressive behavior exhibited in health care centers, particularly against nurses, predisposing factors and preparedness.

MATERIALS AND METHODS:

This was a cross-sectional study with filling of questionnaires by nurses forming committees and by protocol proposed by the WHO. All nurses (21 total) on all wards who agreed to participate in group discussions were included over period of 3 months July-September 2010. Demographic information on aggressors, nursing units most affected was also collected. Information was entered into computer and analyzed using SPSS 16 medical software.

RESULTS:

Results are comparable to other studies and are summarized as follows:



DISCUSSION

The results of this study showed that at all wards in the hospital, inappropriate behavior towards nurses can happen and being ready for such might be the best path to take and also to get help from colleagues. The following is review of literature that was searched on such mishaps that can endanger health care professionals and maybe other bystanders. Aggression in emergency rooms has been reported more commonly in other countries. These studies have shown correlation between gender, alcohol use, age, moral and social maladjustments among aggressors. (Ferns et al. 2005)

A study in England was performed regarding aggressive behavior toward nurses by older patients and patients with brain trauma. The study was in the form of completion of questionnaire and participants included nurses, psychiatric counselors and physiotherapists. Report of such incidences in one year was more than 50%. Nurses were the most common victims and it

has been emphasized that appropriate training in this regard is recommended. Studies on psychological needs of employees have not been done. Counseling after victimization and pamphlets were informative, but did not improve self esteem and sense of security. Among 76% of the victims noted being disturbed after the incidence including psychiatric stress and anxiety. (Badger F & Mullan B. 2004)

A cross sectional study during the year 2005–2006 was performed in Brazil with 179 participants including nurses, helpers and paramedical in a public hospital and the participants were directly interviewed. It was noted that patient relatives were responsible for 64% of the incidences and others 46%. Only 20–30% of the victims asked for help and 32% did not consider the aggressive behavior was intended against them. In the world, it has been estimated that 20–50% of women encounter aggressive behavior towards them during their life time by their spouses and contributing factors are social gap, higher education, working situation, childhood experiences, poverty and use of alcohol and drugs of psychedelic drugs. Results of these aggressive behaviors have been emotional distress, anxiety, physical harm and even death of mother and children. Psychological aggression includes disrespect, belittling or even making threats. Physical threats include hitting, pushing, physical threatening, fist injuries or other painful objects, kicking, attempt to choke someone or threatening with firearms, knives and other weapons. Victims sought help from the police, hospital coworkers, social counselors and anybody they knew. (Oliveira & D' Oliveira 2008, Ferns & Cork 2008, Cork A & Ferns T. 2008)

Studies in Australia show that increased misbehavior towards hospital nurses are evident. Contributing factors have been illness, waiting too long to see the physician (no triage?), overcrowding and social and cultural factors. In many instances, aggression has led to leaving of the workplace and decreased quality of care. Aggressors have mainly been the patient or their company. In less populated areas verbal abuse has been reported due to increased work pressure. Predicting factors are history of previous misbehavior, drug abuse, organic disease like hypoglycemia, brain trauma, pain, emotional distress, anxiety, psychiatric disturbance, increased waiting time for patients and complaints and of course the approach and experience of the nurse in handling such situations.

Warning factors were thought of as sign of anger, quick talking, bad attitude, jitteriness, demanding attention, ostensible remarks or with anger, making fists, walking back and forth and tightening body muscles. Current research has recommended presence of police force and guarding, educating nurses and so forth (Chapman et al. 2006).

In another study in the city of Hong Kong (published in 2006) with participation of 420 nurses and with completion of questionnaire was performed. Questions included demography of the aggressors and recurrence of the victimization. The questionnaire was psychometrically evaluated. A total of 320 (76%) of the nurses noted that they have been mistreated of which 73% was verbal and 18% involved physical engagement. Near 82% discussed the situation with friends, family and colleagues and 42% forgot the situation. Risk factors were mens wards, accident wards and the emergency room, nurses in social centers and orthopedics departments, psychiatric wards and drug addicts. Based on WHO definition aggression involves physical attack, murder, verbal abuse, threat, racial prejudice, gender and in general causing psychological stress. International studies report aggression against nurses at 10–15% and even up to 87%. (Kwok et al 2006).

Other studies show misbehavior in homes for the elderly and contributing factors mentioned have been long working hours and being alone in care units. (Duncan et al 2000 & Banerjee A 2008)

Departments in the US who are concerned with work environment have given recommendations in this regard. A workplace requires upholding justice, respect and appropriate behavior among colleagues. Education regarding encounter of a colleague or customer that is unhappy is useful in resolving conflicts and forming an understanding with others. Other recommendations are working on security measures and preparing for mishaps. It is prudent that employees show their identification upon entrance to the work place, be prepared to face difficult situations, work counselors and most importantly is taking action in cases were drug abuse is a problem and referral to social worker. (USDA 1998).

Acknowledgement: We are grateful to all colleagues at Masih Daneshvari hospital who agreed to participate in preparation of this manuscript.

References

- Aghlinejhad M, Nojoomi M, Seyed Mehdi M (2011). Aggression to nurses and related factors. *Razi Medical Journal*; 18(86)L 49-58.
- Badger F; Mullan B. 2004 Aggressive and violent incidents: Perceptions of training and support among staff caring for older people and people with head injury. *Journal of Clinical Nursing*; 13(4) pp.526-533
- Banerjee A; Daly T; Armstrong H; et al. 2008 "Out of Control": Violence against personal support workers in long-term care. Carlton University Press
- Chapman R; Styles I. 2006 An epidemic of abuse and violence: Nurse on the front line. *Accident and Emergency Nursing* vol. 14(4) pp. 245-249
- Cork A; Ferns T. 2008 Managing alcohol related aggression in the emergency (Part II). *Int Emerg Nurs*; 16(2): 88-93
- Duncan S; Estabrooks CA; Reimer M. 2000 High rates of workplace violence against nurses: Findings of the Alberta Nurse Survey (Preliminary Research Report). *Alberta RN*. vol. 56 pp13-15.
- Ferns T; Cork A; Rew M. 2005 Personal safety in the accident and emergency department. *Br J Nurs*; vol. 14(13) pp 725-730
- Ferns T; Cork A. 2008 Managing alcohol related aggression in the emergency department (Part I). *Int Emerg Nurs*; 16(1): 43-47
- Kwok RPW; Law YK; Li KI; et al. 2006 Prevalence of work place violence against nurses in Hong Kong. *Hong Kong Med J* vol. 12(1) pp 6-9
- Oliveira AR; D' Oliveira AFPL. 2008 Gender-violence against the female nursing staff of a Brazilian hospital in Sao Paulo City. *Rev Saúde Pública*. Vol. 42(5) pp1-9.
- Salimi J 1996 Physical Harm to Nurses in non emergency wards. *Forensic Pathology Journal*; vol.12(4)pp 202-209
- WHO 2003 Violence against health personnel in some health care units in Maputo City, Mozambique. WHO report, Geneva.
- Workplace violence. 1998 The USDA Handbook on workplace violence prevention and response. USDA [www.usda.gov/news/pubs/violence/wpv.htm]