



# A STUDY OF PSYCHOLOGICAL VIOLENCE AGAINST HEALTH CARE WORKERS IN EMERGENCY DEPARTMENTS OF AL-NAJAF AL-ASHRAF CITY HOSPITALS

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By

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**Background:** The recurrence of physical and non-physical violence against health care workers in emergency departments is a negative phenomenon in societies that cause high rates of injury to workers with mental fatigue, physical illness and result in deterioration of the treatment service and patient care.

**Methodology:** A descriptive survey study was conducted on health care workers in emergency departments in teaching hospitals in AL-Najaf AL-Ashraf city to identify the most common forms of violence against health care workers, as well as the relationship between severity and types of violence against health care workers and demographic characteristics. This study conducted by using the WHO 2003 questionnaire on violence against health care workers in their workplace. The questionnaire consists of two main parts. The first part covers the demographic characteristics of health care workers, while the second part contains types of violence against health workers, characteristics of the perpetrator, the effects of violence and responses of health care workers after being subjected to violence.

**Results:** By using a comprehensive assessment of the violence types where psychological violence was the most common types of violence with psychological violence reaching 33.7% and the result of the present study also showed a logical significance between psychological violence and health care workers in the night shift.

**Conclusion and Recommendations:** The final conclusion of the study showed that health care workers in emergency departments were subjected to violence and abuse from patients and their relatives. Therefore, the study recommended to encourage continuing education courses for health care workers on how to respect the rights of the patient as well as strengthen coordination between the security services and the management of the health institution to support the emergency department.

## INTRODUCTION

Violence was defined as violent acts that are issued by a particular person and directed against other people during service and work for the purpose of physical abuse or verbal threat and violence in the workplace is a real and very important problem. a third of nurses are physically abused in their workplace (Bakalis, 2019).

Violence is the intentional use of physical pressure in opposition to another individual or against oneself, which ends in/or incorporates a top probability of harm or dying. effects on publicly health, injuries from violence are noted as intentional injuries. Violence threatens the health and well-being of individuals of all ages across the world (WHO,2012).

Is the most common form of verbal violence against health care workers is shouting, threatening as well as curses which may cause embarrassment, anxiety and lack of self-esteem resulting from ill-treatment from patients to nurses (Deng, et al., 2019).

Violence can be defined as inappropriate physical or verbal behavior which causes serious physical and psychological harm to others as well as damage to property it can cause death at some times and also that violence is the result of arbitrary behavior towards others (Bureau of Labor Statistics, 2018).

The environment surrounding nurses directly affects the quality of care that patients receive as well as the threat to patient safety owing to nursing errors. Workplace violence (WPV) is an important occupational hazard for nurses. with violence from patients or their relatives being the highest risk to nurses given the frequent level of contact with patients and the possibility of facing direct medical disputes (Beksinska, et al., 2018).

Mobbing is a global multidimensional workplace problem which has increasingly drawn attention in the last years, The long-term antagonistic behavior experienced by individuals in their workplace have been expressed by notions such as psycho-terror, threatening, accusation, terrorizing and harassment. any kind of antagonistic, intentional and negative attitude and behavior of one or more employee against others (Sönmez, & Yildirim, 2018).

Global reports are concerned almost daily with the violence that is spreading all over the world which causes physical and psychological injuries as well as psychological injuries to people and the consequences are tragic and acts of violence are intentional (Cara, 2013).

Workplace violence in the health environment is a growing issue worldwide. Emergency department has been identified as a high-risk setting for workplace violence and emergency nurses are most exposed to this phenomenon. To address workplace violence in the emergency department effectively, it is critical to understand structures established in the property to assist in development of appropriate interventions and corrective measures (Ramacciati, et al., 2018).

Bullying in workplace is a major factor in disrupting effective work in patient care and developing a nursing work culture, which may have adverse effects on the acceptance of nurse work in the hospital. The result is the application of the theory of bullying to forty-four nurses in four teaching hospitals in the USA. majority of workers who wish to leave hospital nursing work if bullying comes from effective administrative processes (Wolf, et al., 2018).

Violence is not only an activity which is related to health problem, but also affects the quality of patient health care in situations of violence as well as thinking of leaving the health profession by health professionals (Chang, & Cho, 2016).

Emergency department nurses are under specific pressure and report higher levels of stress than nurses in other hospital departments. The behavior and reactions of patients and their families have a negative impact on the behavior of staff in the emergency department (Yuwanich, et al., 2018).

Psychological violence is a negative aspect of professional life in the workplace, especially the exposure of health care workers to various forms of violence affects the personality of employees, dignity in the health community as well as the quality of the practical performance (Darawad, et al., 2015).

## Objectives of the Study

- 1- To determine the most type of violence experienced by workers.
- 2- To find out the relationship between intensity, types of violence against health care workers and their sociodemographic characteristics of gender, age, year of experience, level of education and occupation category.

## Methodology

A descriptive design, survey study. To achieve the objectives of the study mentioned above. During the period from 24<sup>th</sup> September 2018 to 18<sup>th</sup> July 2019. The Central Statistical Organization (CSO), in Iraqi Ministry of Planning, questionnaire approved to achieve the research objectives and to implement with some suggestions for the researcher and Al-Najaf health department approved the official conduct of the research and selection of samples from all teaching hospitals at AL-Najaf AL-Ashraf city. A consent of participant was taken to maintain research confidentiality also fundamental and formal approvals from the ethics committee for research in the Faculty of Nursing / University of Kufa.

The study was conducted in phenomena of violence against health care workers in emergency departments of teaching hospitals at AL-Najaf AL-Ashraf city that include Al-Sadder, Al-Hakeem, Al-Zahra'a and AL-Forat AL-Awsat.

A purposive sample is based in criteria of more than one year of experiences in emergency departments. Total sample of (362) health care workers from various occupational categories that include (Medical staff, pharmacists staff, Nursing staff, Laboratory staff, Radiologists and Paramedics). Data was collected from participants by use a questionnaire designed and published worldwide by (ILO/ICN/WHO/PSI, 2003).

This instrument was modified and developed according to our research situation that contains two main parts of the study. The first part concerned with participants demographic data that including age, gender, educational level, job type, number of years of experience, working hours and name of the target hospital. **Second part** items about psychological violence, which consists of (33) questions including types of psychological violence, identity of the cause of psychological violence, sex of the cause of violence, age of the causative, gender of the cause, the cause of the cause, the victim's reaction to the violence and the health effects of exposure to violence. The study relied on a five-dimensional Likert scale to identify, detect and repeat situations of violence by dividing the questionnaire into ( Frequently, Often, Sometimes, Irregularly, Never ) and each scale have score to know severity of violence case ( 5,4,3,2,1) respectively.

**The Statistical Analysis** This study used statistical analysis of descriptive and inferential statistical measures.

**A- Descriptive statistical measures** This study used descriptive measure in statistical analysis (frequency, mean of score, std. deviation, percentage).

**B- Inferential statistical measures** Current study used of (Chi-square test, Alpha Cronbach's test, Anova test) for the purpose of determining statistical significance by using of (Excel 2010 and spss program v24)

## Results

**Table (1) Distribution of health care workers according to their demographic data (N=362)**

Demographic data	Rating and intervals	Freq.	%
Age / years	<= 20	15	4.1
	<b>21 – 25</b>	<b>119</b>	<b>32.9</b>
	26 – 30	105	29.0
	31 – 35	47	13.0
	36+	76	21.0

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Gender	<b>Male</b>	<b>221</b>	<b>61.0</b>
	Female	141	39.0
Levels of education	Secondary nursing school	79	21.8
	Technical institute nursing / Diploma	125	34.5
	<b>College of nursing</b>	<b>153</b>	<b>42.3</b>
	Post-graduate	5	1.4
Job prescription	Medical staff	51	14.1
	Pharmacists	41	11.3
	<b>Nursing staff</b>	<b>178</b>	<b>49.2</b>
	Laboratory staff	62	17.1
	Radiology staff	10	2.8
	First aids staff	20	5.5
Years of experience	<b>&lt;= 3</b>	<b>162</b>	<b>44.8</b>
	4 – 6	71	19.6
	7 – 9	37	10.2
	10 – 12	30	8.3
	13+	62	17.1
Shift	<b>Morning</b>	<b>152</b>	<b>42.0</b>
	Evening	125	34.5
	Night	85	23.5
Hospital	Al-Sadder	95	26.2
	<b>Al-Hakeem</b>	<b>99</b>	<b>27.3</b>
	Al-Zahra	91	25.1
	AL-Forat AL-Awsat	77	21.3
	<b>Total</b>	<b>362</b>	<b>100.0</b>

Frequency (freq.), percent (%)

This table shows that about two thirds of participant with age ranging from (21-25) year. The male were the highest compared to women, with (61% vs 39%) respectively. The educational level of the participants was bachelors/college degree is the highest where it was (42.3%). The Nursing staff is the highest proportion of participants

by job description where the percentage was (49.2%). Concerning years of experience, the highest rate was < 3 years (44.8%). Morning shift was the highest of the study results (42%) compared to the night shift which was the lowest by (23.5%). AL-Hakim General Hospital received the highest participation rate of the study where the results were (27.3%).

**Table (2) The overall assessment of psychological violence**

Psychological Violence Domain	Levels	Freq.	%
Overall psychological violence	None	212	58.6
	<b>Mild</b>	<b>122</b>	<b>33.7</b>
	Moderate	17	4.7
	Sever	11	3.0
	<b>Total</b>	<b>362</b>	<b>100.0</b>

Overall assessment uses mean of score ( none= 1-2, mild= 2.1-3.1, moderate= 3.2-4.2, sever= 4.3-5.3 )

This table displays overall assessment of psychological violence on the participants, where the highest results are the mild (33.7%) compared to moderate (4.7%) and severe (3%), that is lowest rate of exposed to psychological violence. although none exposed to violence recorded (58.6%).

**Table (3) Description of sample according to characteristics of the perpetrator of psychological violence**

Characteristics	Rating	Freq.	%
Perpetrator	No violent	13	3.6
	Patients	7	1.9
	Patients and relatives	38	10.5
	Patients, relatives, and managers	12	3.4
	<b>Relatives</b>	<b>227</b>	<b>62.7</b>
	Patients, relatives, and co-workers	5	1.5
	Relatives, co-workers, and managers	4	1.1
	Relatives and managers	30	8.3
	Co-workers	3	0.8
	Relatives and co-workers	12	3.4
	Co-workers and managers	1	0.3
	Managers	10	2.8
Adolescents	25	6.9	

Age of perpetrator	Adolescents and adults	27	7.5
	Adolescents, adults, and old age	11	3.1
	<b>Adults</b>	<b>231</b>	<b>63.8</b>
	Adults and old age	32	8.8
	Old age	22	6.1
	Adolescents and old age	1	0.3
Gender of perpetrator	<b>Male</b>	<b>236</b>	<b>65.2</b>
	Male and female	62	17.2

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	Female	51	14.1
source of power to perpetrator	<b>Job position</b>	<b>192</b>	<b>53.0</b>
	Clan	65	18.0
	Job position and clan	39	10.8
	Self power	53	14.6
	<b>Total</b>	<b>362</b>	<b>100.0</b>

Frequency (freq.), percent (%)

This table offers the characteristics of the aggressor or the perpetrator of psychological violence. The highest cases were caused by relatives 62.7% followed by patients and relatives by 10.5%. As for age, the results indicated that adults were the highest and were 63.8%. Sex of the perpetrator Men were the most likely to cause psychological violence by 65.2%. And the supporting of the perpetrator of violence was the **Job position** is the highest rate of 53%.

**Table (4) Responses of the health care workers to the psychological violence**

Items	Rating	Freq.	%
I remain silent	No violence	13	3.6
	<b>Never</b>	<b>136</b>	<b>37.6</b>
	Irregular	75	20.7
	Sometimes	59	16.3
	Mostly	34	9.4
	Always	45	12.4
I try to defend myself	Never	20	5.5
	Irregular	28	7.7
	Sometimes	62	17.1
	Mostly	118	32.6
	<b>Always</b>	<b>121</b>	<b>33.4</b>
I try to tell my family / friends	<b>Never</b>	<b>196</b>	<b>54.1</b>

	Irregular	50	13.8
	Sometimes	26	7.2
	Mostly	26	7.2
	Always	51	14.1
I try to tell the management	<b>Never</b>	<b>110</b>	<b>30.4</b>
	Irregular	33	9.1
	Sometimes	63	17.4
	Mostly	74	20.4
	Always	69	19.1

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I try to leave the place temporarily then return	<b>Never</b>	<b>262</b>	<b>72.4</b>
	Irregular	12	3.3
	Sometimes	19	5.2
	Mostly	21	5.8
	Always	35	9.7
	<b>Total</b>	<b>362</b>	<b>100.0</b>

Frequency (freq.), percent (%)

This table reflects the your reactions to psychological violence. The answer to all questions was never, except for the second question ( always 33.4% I try to defend myself )

**Table (5) The effects of the psychological violence on health care workers**

Items	Rating	Freq.	%
Depression	No violence	13	3.6
	<b>Never</b>	<b>91</b>	<b>25.1</b>
	Irregular	56	15.5
	Sometimes	81	22.4
	Mostly	57	15.7
	Always	64	17.7
Chronic headache	Never	80	22.1
	Irregular	22	6.1
	Sometimes	71	19.6
	<b>Mostly</b>	<b>103</b>	<b>28.5</b>
	Always	73	20.2
Loss of self confidence	<b>Never</b>	<b>268</b>	<b>74.0</b>
	Irregular	23	6.4

	Sometimes	16	4.4
	Mostly	23	6.4
	Always	19	5.2
Frustration	<b>Never</b>	<b>139</b>	<b>38.4</b>
	Irregular	72	19.9
	Sometimes	51	14.1
	Mostly	40	11.0
	Always	47	13.0
Absence and leave work	<b>Never</b>	<b>272</b>	<b>75.1</b>

Cont...

	Irregular	24	6.6
	Sometimes	13	3.6
	Mostly	18	5.0
	Always	22	6.1
	<b>Total</b>	<b>362</b>	<b>100.0</b>

Frequency (freq.), percent (%)

This table shows the effects of psychological violence on the participants were the chronic headaches mostly by 28.5% and the rest of the cases did not register as depression, loss of self confidence, frustration and absence and leave work.

## Discussion

The results of the present study showed in the table (1) the highest age group of the participants was ranging from 21-25 was (32.9%). This result coincided with previous studies that done in Iraq by (AL-Ogaili, & Razzaq, 2017) was 21-30 years of seventy-two percent.

The regarding to the gender of participants in the study, males were more participants than females with sixty-one percent. There are previous studies supporting the outcome of the current study such as in Iraq by (Abed, 2014). was males of sixty-nine percent. Previous studies are contrary to the results of the current study by Hemati, E., from Iran was females of ninety-five percent (Hemati-Esmaeili, et al., 2018).

Related the educational level of the participants, where the highest participation rate for holders of college certificate bachelor's degree by forty-two percent. As the result of the current study is consistent with previous studies in chines the article that done by Li, 2018 was forty-one percent of bachelor's degree (Li, et al., 2018). While the result of the study contradicted earlier studies (AL-Ogaili, & Razzaq, 2017) was forty-seven percent of nursing secondary.

Concerning the job description of the participants, the highest category about half the participant was the nursing staff, forty-nine percent compared to other categories of health workers. The results of this study were consistent with previous studies (Koukia, et al., 2014) was fifty-two percent of nursing staff. At the same time, the result of this study contradicted the results of previous studies (Li, et al., 2018) was general practitioner of fifty-two percent.



At the level of experience in their field, the highest participation rate was  $\leq 3$  years, Less than half the participants where they were forty-four percent. previous studies have recorded far-reaching results from this study such as from America (Speroni, et al., 2014). was  $\geq 10$  years of sixty-six percent.

By work on duty was the highest proportion participation more than a third of the participants morning shift was forty-two percent. The results of the current study coincided with previous studies the article that done in Lebanon by (Alameddine, et al., 2015). was fifty-three percent of the morning shift. While the current result was not consistent with previous studies by Hamdan from Palestine was afternoon shift thirty-eight percent (Hamdan, M., 2015).

Regarding the table (2) overall assessment study of psychological violence directed against health care workers in the emergency departments was the result of the current study was Mild 33.7%, Moderate 4.7%, Sever 3%, although none exposed to psychological violence 58.6%. The relatives of the patient recorded a high rate about more than half of the participants was sixty-two percent, They are adults sixty-three percent, males sixty-five percent and they had governmental support of fifty-three percent.

There have been previous studies supporting the results of the present study (Alameddine, et al., 2015) about two thirds of the participants was sixty-two percent. While previous studies recorded different results from the current study in the characteristics of the perpetrator of violence (Kitaneh, & Hamdan, 2012) about two-thirds of the participants was female sixty-three percent, old age about less than half the participants forty-four percent.

Was result of the current study in the table (4) on responses of healthcare staff to the psychological violence was Always 33.4% is the answer to the question ( I try to defend myself ). A previous study whose results were consistent with the results of this study (Hemati-Esmaeili, et al., 2018) showed that ten percent of respondents were trying to defend themselves when they were exposed to violence. While the results of previous studies reported different responses to the current study Li, 2018 more than a third of the study results was forty-one percent told of co-workers on violence.

Regarding the effects of psychological violence on the participants in the table (5) in this study, it was mostly twenty-eight percent is the answer to the questionnaire question regarding chronic headache. Previous studies have been recorded chronic headache among those exposed to psychological violence (Kitaneh, & Hamdan 2012) was headache eighteen percent.

## Conclusion and Recommendations

Nurses were more exposed to such violence than other health care workers especially during night shift and the most frequent perpetrators to psychological violence were patients and their relatives who have power of job situation from all above. We conclude that nurses are more in contact with patient and his relatives that other health care workers in addition to absence of regulation and laws governing the work of hospital especially emergency departments. This study recommended to encourage continuing education courses for health care workers on how to respect the rights of the patient as well as strengthen coordination between the security services and the management of the health institution to support the emergency department and organize the schedule of visits to hospitals.

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