

Violence Against Nurses' in Critical Units at Governmental Hospitals in Jordan

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Abstract

The propose of this study was to explore the prevalence of work place violence against nurses' committed by patient, family member or other health care provider in Jordanian hospitals. Method: Descriptive correlation study will be conducted in Jordan. The data will collect through (self-administered questionnaires). Result: 62 subject involved in the study, 26 (41.9%) person were male, 36(58.1%) were female. The most respondent age located between 20 to 24 years old, The majority of sample were single 80.6%, most of the sample experience in practice in between 6 months to five years 56(90.3%), the most subject work in ICU 26(41.9%), emergency 19 (30.6%) & CCU 17(27.4%). Most of the participant marked that violence against nurse is important issues were whom working in the ICU's 26(45.6%), most of violated participant nurses in the critical units were whom working in emergency departement14 (43.8%), also ER participant stated that the violence against nurses increase in the last year 13 (39.4%) , the ICU participants have the most experience about witnessed violence against nurses 23(40.4%), ER nurses 19 (100%) that participate in this study marked that there is one or more violence per week toward nurses. Conclusion: As appeared from this study, there is violence against nurses male or female in all critical care area (ICU, CCU, ER) in hospitals settings, therefore, it should be national policy & laws to protect the nurses from the violence and reserve their dignity. Nursing students considered one of violence subjects, it is (from point of view of the researchers) very beneficial for educational purposes to study the prevalence and effects of violence on nursing students during their training periods. From all the statistical analysis that done in this study the researcher stated that increasing age among nurses who working in critical care give him experience how to deal with stressful situations because minimal nurses above 30 exposure to violence whatever physically or verbally according these result.

Keywords: Violence against nurse, physical violence, psychological violence and critical care nurse

1. Introduction

A.Hajaj (2014) stated that Violence against nurses become a obvious problem all over the world and the nursing stakeholder should alarming this action against nurses' also all nursing and all health care team cannot protect himself from any attack from patient or patient family. Also in UK 1 of 20 nurses' was assault and threatened by gun, and above 80% of nurses' worried about violence at any time according the same study, 100 health care provider had been killed in USA through violence during duty between 1980 to 1990. A.S. Ahmed (2012) stated that the health care personnel face tough behavior than any other profession over all the word and the nurse the most personnel exposed to all type of violence and abuse because nurses' are the more public face in all department and who giving direct care toward patient and patients family, the researcher also marked that many stressful situation may cause assault toward nurses include death, waiting too much time, staff shortage.

1.1 Significant

Lin YH (2005) marked that violence against nurse is a significant problem because there are approximately 250000 registered nurses and 75000 practical nurses and 5500 psychiatric nurses in Canada was violated in during nursing profession. Contino (2002) marked that the consequences of workplace violence against nurses' lead to deterioration in the quality of care to patient, low morale and negative effect which create high stressful profession turnover. Drauker & Burke (2004) recognized that nurses employed in critical care units as intensive care units and emergency departments experienced with 57.7% of violence ranging from hit, kicked or punched. Tjaden et al (2000) reported that both female and male nurses are violent by patient and patient family but these violent defenses by nurse depend on severity and frequency of violence. Oman (2002) stated that 71% of nurses reported emotional violence, 42% of nurses reported sexual violence and 39% of nurses reported physical violence. Diana (2001) reported that 20%-36% of nurses leave nursing profession and quite their job due to harm violence. A.Hajaj (2014) marked that many factor make nurses' highly exposed to assaults these factors includes the overcrowded area, nursing shortage, patient and patient family attitude and nagging. Muhammad W. Darawad et al (2016) stated that Violence against nurses in emergency departments (EDs) has become a widespread phenomenon affecting nurses' job satisfaction and work performance. A.S. Ahmed (2012) stated that nurses' exposure to violence on duty cause loss of concentration and increase the number of carless mistakes

which finally lead to frequent absenteeism and finally burnout from the nursing profession and feeling of job dissatisfaction and many of registered nurses' ask the nursing administration to change his/her work place from stressful place to more calm workplace and all critical care department become rejectable from all nurses' which indicate nursing staff shortage in the same department , this reflection will maximizing the problem of abuse and violence related to more waiting and more nurses staff shortage.

1.2 Problem statement

Ferns & Chojnacka (2005) stated that "Under reporting of violent incident, the violence against nurses is a widespread phenomenon during nursing profession." Bayraktar (2004) reported that "225 were nursing subjected to abuse in Turkish hospitals and just 25% of violence is reported, also Williams (2002) marked that" 70% of critical care nurses' had experience of violence. Wilkinson & Miers (1998) marked that the nurse is not a powerful profession politically, economically and socially and many nurses were assaulted not prevented to achieve true professional safety. The American nurses; Association stated that the assault against nurses increased over the past few years and stated that the violence against health care provider has presenting higher than violence in other fields. Also many registered nurses' violence by patient or patient family lead to the registered nurse out of the profession or stay and begins taking addicted medication. A.Hajaj (2014) stated that mentioned that the Nurses are the most exposed people of all health care providers to verbal, physical, emotional, and sexual abuse because the nurses' are the most person available in front of patient and patient family in all critical area Muayyad Ahmad et al (2015) stated that more than 75% of Jordanian nurses were exposed to at least one type of violence in emergency departments. Muhammad W. Darawad et al (2016) stated in his research applied on 174 Jordanian nurses' that the majority of the participants (91.4%) reported experiencing violence (verbal 95.3% vs. physical 23.3%). According to participants, the most common causes of violence in the emergency department were crowding, workload and nurses' shortage. Also the researcher marked that the Violence are common in emergency department at Jordanian hospitals. A.S. Ahmed (2012) stated that over half of the nurses in Jordanian hospitals (55.5%) had experienced abuse in the past 6 months. the prevalence of verbal and physical abuse was 37.1% and 18.3% respectively. Patients' relatives and patients were the most frequent perpetrators of verbal and physical abuse.

2. Statement of the purpose

The propose of this study was to explore the prevalence of work place violence against nurses' committed by patients, family members or other health care providers in Jordanian hospitals

3. Research question

3.1 Primary question:

Dose violence against nurses represents a significant problem in Jordanian hospitals and in the nursing profession?

3.2Secondary questions:

3.2.1 .Dose nurses' have communication skills and abilities to reduce anger of patient and patient family?

3.2.2 .What is the factors that increase the incidence of violence against nurses?

3.2.3 .How does the nursing-patient relationship affect on the quality of work in critical care area and reduce incidence of violence against nurses?

3.2.4 What is the condition that increases violence against nurse?

4. Defining the theoretical framework and develop conceptual definition

4.1 Variables of the study

4.1.1 The World Health Organization defines violence in general as "the intentional use of physical force or power , threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death , psychological harm, maldevelopment or deprivation" (WHO, 2005). Violence including physical assaults and threats of assaults directed toward persons at work or on duty. Workplace violence can be divided into four categories including violence by strangers, clients (patients), co-workers, and personal relations (Erickson & Williams, 2000). Operational definition of violence: it is an assault lead to actual physical, emotional harm and leads to nurse leave nursing and effect patient quality care. And can be divided to physical violence and psychological violence.

4.1.2 Critical care unite nurse: Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (ICN, 2006). Operational definition Nurse: who has assaulted in the hospital during

his/her duty and how later leave nurse or become addicted. Critical care nurse: nurse who assigned in critical care unite like emergency, intensive care unit, cardiac care unit.

5. Reviewing the relating lecture

Source of data used in this study Started with electronic research and focus on full copies of relevant studies from CINAHL (cumulative index to nursing and allied health lecture), MEDLINE (medical literature on line) and Google search.

Lin YH (2005) marked that the nurse is the first line to contact with patient and patient family during initial intervention, he also marked that the researcher found nurses not well prepared to face the difficulties, problem solving and decision making for actual and potential violence. Guhde J (2005) recognize that nurses and patients may suffer consequences if the patient or patient family abuse the nurse, when the patient not receive adequate care and nurse frustrated and leave nursing, and marked when the patient feel his freedom is restricted this will create stressful work place and present a difficulty between nurse and patient. Ferns (2006) added that violence and aggression against nurses during profession may mirror of violence and aggression in wider society. Jean (2002) considered excessive workload, unsafe working condition and inadequate support are forms of violence against the nurses during his/her duty and the nursing personnel must be ensured a safe work environment and respectful treatment. Jean also recognized the form of violence against nurses ranged from passive aggression to homicide and including sexual harassment. Diana (2001) reported that “in Debbie coring registered nurses has been clawed, punched, and choked with a stethoscopes and one of the nurses experienced with spleen injury caused by stethoscope hits. She also reported that 30% registered nurses said” they had been assaulted on the job mostly by patients and she mentions nurse assaulted by patient and the patient used every thing to assault nurse include: scissors, chair, urinal, and guns. She also added that most of registered nurse who are assaulted are women, and the male prepare self to immune this assault, but other study (Lanza, 2001) marked male have equal percent in the incident of assault during profession. Diana also mentioned that many factors that contribute to incidence of violence against nurses include substance abuse, cancellation of procedure, long time waiting and cultural misunderstanding also mentioned that not only psychiatric patient produced violence, violence may present by patient as a result of adverse effect of medication or drug reaction, elderly due to Alzheimer disease, post surgery patient and AIDS patient which give an impression that mention all area in hospital may have incident of violence against nurse. Drauker & Burke (2004) recognized that many of patient during hospitalization having anxiety, un-understandable behavior, feel out of control when long period hospitalization and accompanying with diagnostic & therapeutic uncertainties and restricted freedom of the patient.

Jean (2002) recognized the conditions in health care place which increase risk of violence include: inadequate staffing, no available experienced staff, workload, and work at night shift, poor security and poor health facilitation. Diana (2001) mentioned that not only patient violence toward nurse may be including patient family and the emergency room nurse has a greatest number of assaults. ANF (2005) Australian nursing federation stated that Violence against nurses is unacceptable and should not be tolerated, and the nurse should be encouraged to report incident of violence to manage by police because nurses is one of the care giver mostly likely to be assaulted by patient or patient family. Jean (2002) stated that nurse’s dignity and freedom should be protected and nurses should be protect from harm by utilizing appropriate security which must be applied to protect nursing who particularly at risk of work place violence. The political man Colin Parish (2005) in Boston said: “any attack on nurses would be treated in same way, also said violence should not a part of nurse job and the government must support the nurse job. John Hutton (2002) said I was attacked and stabbed with a needle, and this assault left me with long term nerve damage finally cause physiological damage. Ferns (2006) marked that every nurse is responsible to report incident violence in health care place and the nurse should learn how to cope with violence, by initiate few programs that train nursing personnel to identify potentially dangerous situation and provide using effective mechanism to deal with aggression. Elaine (1999) marked that nurses should be a ware of the potential for violence; know the local policy for dealing with violence and reporting violence. A.Hajaj (2014) reported the types of violence against nurses include physical, verbal or sexual. The physical assault by hit, slapped, chocked, pushed, or kicked. Some actions happen by the patient family like not waiting the method of care or need care of the patient quickly while these patients according the triage system may need longer time. The threat also includes uses words, actions which harm physically and physiologically toward nurse. Also verbal assaults by use any word harm the patient and sometimes the patient or patient family hit the table by fist and shouting.

5.1 Violence against Emergency Nurses A.Hajaj (2014) reported Because the patient and their family completely dependent on health care team in emergency department especially nurses’ and nurses’ considered the public person who manage patient in emergency department, in addition the most popular and famous person in emergency are the nurses’ all these criteria make him an important person and all patient and patients family

asking him to providing care and help so nurses' blamed if he late to care for some patient and the patient cannot blamed the doctors and finally may the patients or their family may become aggressive at the end, the study also stated that nurses' in emergency department marked higher incident to physical violence than other nurse in other department because emergency nurses' work in open area to the public and cannot be controlled, also related to increase the number of patients and their family in emergency, and also the emergency high incidence of violence related to the stressful situation among patients.

5.2 Summary

Therefore valance against nurse recently was increased and all nurses' considered valance against him became a part of their daily job and all nurses' try always trying to maintain himself safe. Also Violence in the healthcare workplace threatens the delivery of effective, quality care and violates individual rights to personal dignity and integrity. Assaults on nurses and other healthcare workers occur in all areas of practice and constitute a serious hazard. Current literature suggests that to ensure a safe and respectful workplace environment, mandatory protections must be provided such as zero-tolerance policies against violence in the workplace, as well as comprehensive prevention programs, reporting mechanisms and disciplinary policies. Nurses have historically played a positive role in the provision of health care and the defense of humane values. These values are embodied in the existing codes of ethics and statements of principle of nursing associations. AI believes that nurses should ensure that national and international codes adequately address human rights issues and needs as they develop. The existing international codes make an excellent starting point but should be reviewed to ensure that they adequately address the kinds of abuses and needs documented in this report. Nurses should spend some time to examine how they can ordinals Reponses to angry patient or patient family which can be done individually or in group of staff member.

6. Research design and setting

Quantitative, non-experimental Descriptive correlation design and Sampling design: Cross-sectional, Probability and Cluster will be conducted in Jordan

6.1setting

The study will be conduct at governmental hospital. The nursing participant should be from critical units as emergency department, ICU & CCU which considered most units in hospitals face critical situation and experienced with high level of stress and violence by patient or patient family.

The data will collect through (self-administered questionnaires) by the following procedure:

- An advertisement will be made through the advertisement board in the critical department in the selected hospitals
- This advertisement will present the purpose of the study, how significant it is, and ethical consideration and the way of filling the questionnaires online.
- The advertisement or communicate staff by email to ask the staff if they interest in participating in the study and where to find self report questionnaires and where to return them after they fill them out.

6.2. Identify the population

The total populations includes all nurses in Jordan working in critical care unites , Finally the target group (largest group) all nurses working in critical care unites, and the entire group is all nurses working in critical care unites in governmental hospital. The sample size requires at 0.05 levels with two-tailed level of significant, at least 62 nurses participant. The inclusion criteria includes all male and female nurses in critical care units (ICU, CCU, and ER), all nurse who hold baccalaureate or diploma degree of nursing and nurse working in any department, the researcher only exclude the nurses in hospitals with high security centers.

7. Study limitation

To consider the study can be generalized should increase the sample size more than mention in this study to ensure that the sample representative population. One of the limitations will be marked about inability to generalization because the researcher only uses small sample size (62 participants) and just used to present some governmental hospitals.

8. Developing method of safeguard human and animal right (Ethical Consideration)

Depend on Belmont report the Data collection start after we took the approval from the administration office of these ministry of health, our research focus on Applying beneficence and try to maximize the benefit without harming the participant because the nurses' have right to protect from Hazard whatever physically, socially or mentally. The data collector should give the participant full disclosure and describe the benefit and risk of the study. The research will follow respecting all participant dignity by give him a chance to decide voluntary to

participate in the study and cooperate with the data collector and right to withdrawn or refuse to participate. We will apply the implied consent agreement which reflect the participant will approve to participate by complete the online survey and answered our question without any pressure and without signature in formal inform consent, complete online questionnaire indicate the participant will accept to participate. The Researcher and data collector will focus on provide privacy among the Participant during receiving and analyze Questionnaires, the Data which collect from the participant mot includes national number, names or family name of the participant. Any vulnerable participant the researcher and the data collector will take the approval from whom responsible for him (the Hospitalized or Prisons person the approval will take from the institutions).

9. Specifying method to measure variable

Questionnaires filled online by nurses', all data that been collected will convert to nominal, ordinal and interval measurement to analyze it on SPSS program. These data was taking from nurses'. The instrument considered a researcher tools and need to take a pilot study on 20 respondents to check reliability and validity focusing in measuring, Cranach's Alpha and found (0.722) for 32 items which reflect the instrument was reliable to use

9.1 Data collection

As researcher we had an approval from the hospitals and we start receiving questionnaires from how accept to participate. We obtain the data needed online among the respondent and explain to him about the research topic and the purpose of study and why we apply these study and we take from him implied consent agreement by answer all question online and submit the survey The total number of respondent 62, we number all questionnaires start from 1 to 62 as a preparation of data entry on SPSS program, and we did fast look on these Questionnaires to check any problem that included but finally no problem of all questionnaires and we didn't exclude any questionnaires from the study.

10. Interpret the result

The researchers start analyzed thesis data using SPSS software with frequencies data measurements. The total Number of the valid cases considered was 62 nurses' with no missed value at all. In addition to frequency measurement we also use CHI-SQUARE depends on nominal study measurement by giving followed each variables specific numbers as the questionnaire mainly have two answer (yes=0 and no=1) The value entered to the computer and analysis depends on SPSS (13.00) and found the prevalence of violence against nurse's in critical care units .

10.1 Sample description

62 subject involved in the study, 26 (41.9%) person were male, 36(58.1%) were female. The most respondent age located between 20 to 24 years old, The majority of sample were single 80.6%, most of the sample experience in practice in between 6 months to five years 56 (90.3%), the most subject was selected work in ICU 26(41.9%), emergency 19 (30.6%) and CCU 17(27.4%).

10.2 The prevalence of violence against nurses in critical care unit's analysis

10.2.1 Violence Interrelation to age

In age group 20-24, 42(73.7%) the answer about violence against nurse are an important issue during the profession. All nurses' in all ages stated that he\she already exposure to violence but the most age group exposure to violence are age between 20-24 years old 71.9% of the entire population. 83% of all critical care nurses' from all age groups stated that if he\she not abused by patients or patients family, he\she already witnessed a violence toward other nurses. In addition many age group between age 20-29 years old (33 respondents) 50 % added the violence last year become observable and was increased toward nurses in all critical department, at age 20-24 years old age group 28(84.8%) marked that the violence against nurses increase in the last year while age group 30-34 years 3 (10.3%) mentioned that violence not increase in the last year, 10 (62.5%) of age group between 20-24 years old & 6 (37.5%) of age group between 25-29 years old reported that the prevalence of violence were 4-10 times per week. Which reflect the numbers of nurses who abused by patient and patient's family become a significant alarm.

10.2.2 Violence Interrelation to gender

24 males (42.1%) and female 33(57.9%) stated that violence against nurses are an important issues (yes), males 20 (62.5%) were violated and abused more than female 12 (37.5%) during the profession, most of the subject who witnessed violence of other nurses during profession were female 32(56.1%), either male and female reported same result about increasing the violence against nurse in the last year, according area of violence against nurse per week both male and female marked that there was less than 4 times violence toward nurse per week.

10.2.3 Violence interrelation to the work place

Large portion of the participant (57 participant) over 62 participant) whom working in ICU (45.6%), CCU (26.3%) and emergency (28.1%) stated that the violence against nurse considered an important issue, 11 participants (34.4) of ICU nurses' are violated during his/her profession, while the largest incidence of violence and abuse found and marked in emergency department (43.8% of the total respondents) are violated and abused during profession which support the opinion of the researchers " ER the highest level of violence because it's an open area to public people and have a lot of stress related to death, waiting and nursing staff shortage. Nurses' in ICUs 40.4% witnessed violence against other nurses, while 29.8% nurses' in both CCU and emergency witnessed violence against nurse in critical care units. 39.4% (ER nurses'), 36.4% (ICU nurses') and 24.2% (CCU nurses') stated that violence against nurses' was increased in last year, 44.4% nurses in both ICU and CCU marked that assault against nurses' frequent at least 4- to 10 times per week while 63% of ER nurses marked that violence against nurse frequent less than 4 times per week.

10.3 The prevalence of physical abuse against nurses in critical care units

10.3.1 Physical violence interrelation to gender

Female nurses' (54.4%) mentioned that she had exposed to injury by patients and patient family while (54.5%) of male nurses' marked that he has exposed to injury by patients or by patient family, in addition 29 participant (17 female nurses and 12 male nurses) said he/she pushed by the patient or by the patient family.

10.3.2 Physical violence interrelation to the work place

29 nurses (11 nurses in ICU, 7 nurses in CCU, and 11 nurses in emergency) experienced with physical assault by pushing him during duty. The most places that the nurses were exposed to injury and assault is emergency departments (50%) of nurses are exposed to injury in ER by patients or by patient family.

10.4 The prevalence of psychological violence against nurses in critical care unit's analysis

10.4.1 Psychological violence interrelation to gender

Fourteen male nurses are violated verbally during profession while twenty female nurses' are verbally violated during profession, the total male and female who were violated by patient and patient family are 44 nurses' from the total 62 participants,

10.4.2 Psychological violence interrelation to the patient and patient family interference with procedure

49 nurses over 62 nurses (25 females and 14 males) mentioned the patient and patient family try to interrupt and interfere the procedure during giving care toward patient, which reflect that the nurse are under critique and verbal assault by patient or patient family, in addition 41% of nurses added that patient and patient family interfere with procedures in ICUS while 30.8% CCU nurses and 28.2% emergency nurses stated that the patient and patient family interfere himself in the procedure during care.

10.4.3 Psychological violence interrelation to work place

Emergency nurses (40.9%) stated that he/she already exposed to verbal violence by patients or patients family during nursing care of patients in emergency department while 38.6% of ICUs nurses' are exposed to verbal assault from patients or patients family during care duty

10.5 Conclusion

As appeared from this study, there is violence against nurses male or female in all critical care area (ICU, CCU, ER) in hospitals settings, therefore, it should be national policy & laws to protect the nurses from the violence and reserve their dignity. Nursing students considered one of violence subjects, it is (from point of view of the researchers) very beneficial for educational purposes to study the prevalence and effects of violence on nursing students during their training periods. From all the statistical analysis that done in this study the researcher stated that increasing age among nurses who working in critical care give him experience how to deal with stressful situations because minimal nurses above 30 exposure to violence whatever physically or verbally according these result.

Table 1: Summary of some statistical analysis obtains the number and percent of nurses who answered yes in the questionnaires (number of nurses participated in this study were 62 nurses)

Questions:	Is violence against nurse an important issue?	Have you ever abused during profession?	Have you witness abuse against other nurses?	Was the violence increased in the last year?	Exposed to physical injury like push or hit	Exposed to verbal injury	Patients interfere with procedure
Items	Percent and number of participant who answered (YES)						
Age 20-24	42 (73.7%)	23 (71.9%)	40 (70.2%)	28 (84.4%)			
Age 25-29	12 (21.1%)	8 (25%)	14 (24.6%)	5 (15.2%)			
Age 30-34	3 (5.3%)	1 (3.1 %)	3 (5.3%)	0			
Male	24 (42.1%)	20 (62.5%)	25 (43.9%)	17 (51.5%)	12 (41.4%)	24 (54.5%)	14 (35.9%)
Female	33 (57.9%)	12 (37.5)	32 (56.1%)	16 (48.5%)	17 (58.6%)	20 (45.5%)	25 (64.1%)
ICU nurse	26 (45.6%)	11 (34.4%)	23 (40.4%)	12 (36.4%)	11 (37.9%)	17 (38.6%)	16 (41%)
CCU nurse	15 (26.3%)	7 (21.9%)	17 (29.8%)	8 (24.2%)	7 (24.1%)	9 (20.5%)	12 (30.8%)
ER nurses	16 (28.1%)	14 (43.8%)	17 (29.8%)	13 (39.4%)	11 (37.9%)	18(40.9%)	11 (28.2%)

11. Conclusion

As appeared from this study, there is violence against nurses in hospitals settings, therefore, it should be national policy & laws to protect the nurses from the violence and reserve their dignity. Nursing students considered one of violence subjects, it is (from point of view of the researchers) very beneficial for educational purposes to study the prevalence and effects of violence on nursing students during their training periods.

12. Recommendations

The researchers' recommendations include the followings:

1. The definition of violence, its effects, dealing with it to be included in nursing curricula at universities and colleges of nursing.
2. Violence management and nurse's right reservation should be considered when the policy constructed to decrease the negative effects of violence against nurses.
3. The researchers highly recommend on replication of this study using larger sample size at different setting to increase the validity of the findings when generalized, also there is a need to study violence against nurses with different variables as its effects on the quality of care.
4. On other hand, the characteristics of violence makers are point of interest for the study.
5. All hospitals should create strict policy to protect domestic and international nurse's work in any hospitals especially in critical care area like Intensive care unit, cardiac care units and emergency units.

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