Patients’ bill of rights and effective factors of workplace violence against female nurses on duty at Ilam teaching hospitals

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Abstract:

Background: Workplace violence against female nurses is an increasing problem. In addition, recognizing the rights of patients can reduce such violence against female nurses. Therefore, the aim of the current study was to investigate workplace violence against female nurses in respect of patients’ bill of rights at two public hospitals in Ilam in 2012.

Methods: In a descriptive cross-sectional research, workplace violence against female nurses was studied. Data were gathered employing a researcher made questionnaire filled out by 106 female nurses. The questionnaire was on workplace, physical and verbal violence of patients and their attendants, and also the patients’ rights as respected by nursing staff. Permission of university ethics committee was obtained. Data analyses were done by T-test and ANOVA in SPSS software.

Results: Totally, 90.6 % and 15.1 % of the participants were subjected to verbal and physical assaults by patients, respectively during last year of the study. Further, 92.5 % and 11.3 % of nurses experienced verbal and physical assaults by the patients’ attendants, respectively. Most of the nursing staff believed that reporting aggressive attacks to the concerned officials would not be useful. A negative significant correlation was found between the aggressions of patients with age as well as marital status of nurses, (P= 0.04). Furthermore, a significant association was seen between physical violence of patients and the nurses’ recognition of the patients’ bill of rights (P= 0.03).

Conclusions: Due to high rate of violence against female nurses, some proper and effective actions such as employing a trained security force along with legal punitive charges against violators through responsible officials are highly suggested.

Introduction

Literature shows that societies are becoming more violent, and the degree of aggressiveness at workplace is globally increasing as well.1,2 Workplace violence is a disturbing problem for many health care practitioners around the world,3 which includes intimidation, verbal or physical threats, physical attack, property damage, and even sexual harassment.4-6 Administrations’ reports demonstrate that nurses are at higher risk (about three times) of workplace assaults than other professions.7-11 By workplace violence, health care delivering process is degraded and leads to a hostile environment which jeopardizes the goal of providing proper care.12-15 Unsatisfied staff will enhance indirect costs of health system through job turnover, decreased
productivity, absenteeism, and decreased productivity of health team, which all can be related to unresolved issues of workplace violence.\textsuperscript{16-19} A hospital-based health care system should obey the rights of patients and their families,\textsuperscript{20} which in turn can result in the reduction of workplace violence against staff.

Unfortunately, the prevalence of workplace violence against nurses is relatively high, and some researchers have reported prevalence of 62 \% and even up to 95\%\textsuperscript{21-22} but the reports of workplace violence seem to be almost inaccurate.\textsuperscript{23} The present study aimed at investigating the workplace violence and its contributors in two teaching hospitals in Ilam, Iran, in 2012.

**Methods**

In a cross-sectional study, out of 250 registered nurses at different wards, a sample of 106 people in two public hospitals in Ilam namely Imam Khomeini and Shahid Motahar Khomeini were surveyed.

The study design and instruments were approved by ethics committee of the hospitals prior to the study. The study was conducted from July to August 2012, and the data were collected by a questionnaire on workplace violence during the last year of the study.

The questionnaire contained 26 items consisting of demographic data (age, job history, marital status, academic degree and the working ward) along with some phrases on verbal/physical violence of patients, verbal/physical violence of patients’ visitors (5 items), and nursing reactions while experiencing violent events (9 items).

Further, the recognition of patients’ bill of rights was rated based on a Likert-score (0 for never and 6 for always) by 21 items in the questionnaire. For the bill of rights part, the minimum and maximum scores were zero and 126 respectively, so that the scores less than 47.25, 47.26-73.5, 73.6-99.76, and finally more than 99.76 were considered low, medium, good and excellent, respectively.

The questionnaire on the Patient’s Bill of Rights contained 21 items in four main themes: a) right of receiving health services in a respectful manner and free from any discrimination, 3 items; b) right of access to information, 10 items; a) right of autonomy and decision-taking, 4 items; and right to submit complaints on medical errors, 4 items.\textsuperscript{11} The validity and reliability of the questionnaires were calculated using the CVI and test-retest methods. The reliability and consistency analysis of the questionnaire performed using the Cronbach’s coefficient, which showed \( \alpha \) of 0.78 for the whole sample. Data analysis was conducted using two-independent-samples’ T-test, and one-way analysis of variance (ANOVA) for comparing more than two groups, in SPSS ver. 19. Table 1 indicates demographic data of the studied nurses. Normality of the data was checked through the Kolmogorov-Smirnov test. The statistical significant difference/ association of the variables was set at \( P<0.05 \).

**Results**

Out of all the studied nurses, 90.6\% had experienced verbal violence from patients, 15.1 \% physical violence and 92.5 \% of them had been assaulted verbally by the patients’ attendants while 11.3\% had been attacked physically. Table 2 shows exposure to violence by nurses at work during the past year. Table 3 displays the nurses’ exposure to the patients and their attendants’ violent attacks during last year. Figure 1 displays reported cases of violence in different wards of both hospitals in the year prior to the investigation.

A relationship was observed between the patients' bill of rights and physical assaults by patients and their attendants. So, while the more the patients’ bill of rights was observed, the less the rate of aggressive events (physical violence) was experienced by the nurses. However, no relationship was observed between the recognition of patients’ bill of rights and verbal assaults (\( P=0.063 \)). Furthermore, a significant relationship was found between physical violence of patients and respecting the patients’ rights (\( P=0.03 \)). In Table 4, the relation between violence and patients’ bill of rights has been analyzed using ANOVA, regression and \( x^2 \).

**Table1. Characteristics of study sample.**

| Demographic information | No. (%)       |
|-------------------------|--------------|
| **Academic Degree**     |              |
| Bachelor                | 86(81.3)     |
| Vocational              | 20(18.7)     |
| **Age**                 |              |
| <30 years               | 43(40.6)     |
| 30-40 years             | 48(45.3)     |
| >40 years               | 15(14.1)     |
| **Marital status**      |              |
| Single                  | 20(18.7)     |
| Married                 | 86(81.3)     |
| **Shift type**          |              |
| Fixed                   | 2(1.9)       |
| Circulating             | 104(98.1)    |
| **Job experience**      |              |
| <5 years                | 27(25.4)     |
| 5-9 years               | 29(27.4)     |
| 10-14 years             | 6(5.7)       |
| >15 years               | 44(41.5)     |
| **No. Shifts per week**|              |
| <7 shifts               | 19(18)       |
| 7 shifts                | 23(21.9)     |
| >7 shifts               | 64(62.2)     |
Discussion

One of our constrains was that there was no archival literature regarding the relationship between workplace violence and patients’ bill of rights; therefore, our findings just compared the results of workplace violence with other published articles.

It is worth mentioning that Iran is mostly resided by the Muslims and exact data about sexual harassment or cultural violence are not available. Due to such limi-

| Workplace ward          | Patient companion’s threat with weapon (%) | Patient threats with weapon (%) | Patient companion’s physical assault (%) | Patient’s physical violence (%) | Patient’s verbal assault (%) |
|-------------------------|-------------------------------------------|-------------------------------|----------------------------------------|-------------------------------|----------------------------|
| Obstetrics & Gynecology | 20                                        | 0                             | 100                                    | 80                            | 100                        |
| Women Internal          | 0                                         | 0                             | 100                                    | 0                             | 100                        |
| Women Post CCU          | 15                                        | 15                            | 15                                     | 85                            | 15                         |
| Women Surgery*          | 17                                        | 0                             | 100                                    | 0                             | 100                        |
| Neonatal                | 0                                         | 0                             | 34                                     | 100                           | 67                         |
| Pediatrics              | 16                                        | 16                            | 84                                     | 8                             | 92                         |
| Women Surgery**         | 31                                        | 23                            | 8                                      | 92                            | 16                         |

* Shahid Mustafa Khomeini Hospital
** Imam Khomeini Hospital

Note: In the current table, more than one option was selected by respondents; hereby the column summation is more than 100%.

| The number of violent attacks | Physical assault of patients’ companion (%) | Verbal assault by patients’ companion (%) | Physical assault by patients (%) | Verbal assault by patients (%) |
|------------------------------|---------------------------------------------|-------------------------------------------|---------------------------------|--------------------------------|
| Never                       | 79.2                                       | 9.4                                       | 77.4                            | 9.4                            |
| 5->                         | 1.7                                        | 34                                        | 15.1                            | 30.2                           |
| 10-5                        | 1.9                                        | 9.4                                       | 1.9                             | 15.1                           |
| 10<                         | 1.9                                        | 47.2                                      | 5.6                             | 45.3                           |

* Hospital of Shahid Mustafa Khomeini.
** Hospital of Imam Khomeini

Figure 1: The rate of reported cases of violence in different wards of the teaching hospitals during the year prior to the study.
Our results showed that 83.1%, 22.1%, 88.3%, and 31.2% of nurses and nurse assistants had experienced verbal or physical violence by patients/their attendants. It seems that our findings are consistent with that of other authors.24-26 However, Jacobson27 reported the rates of 97% and 74% for physical and verbal assaults, respectively. Such different estimations of verbal and physical assaults could be justified through various measuring instruments used by the researchers. Although, Nulan et al. and Lawoko et al.28-29 reported that male nurses were more vulnerable than female ones, others30-32 observed higher physical violence against female nurses than the males. The difference could be justified by observing the fact that women are much more respectful than men, and also cultural atmosphere does not allow men to attack the females, at least in Iran. So, it can be said that physical violence against women in Iran is much lower than that of other countries; on the other hand, the female nurses encounter verbal assaults. In national33-34 and present studies, it was seen that most of the violent events were originated from patients’ attendants. However, other studies35-36 showed that patients used to offend more than their visitors/attendants, and the difference could be due to intensive security processes in western countries for patients’ visitors.

The patients/attendants weapon’s threat was moderate in this study compared to other means; however, the prevalence rate of 30.5% for such a mean rate has been reported in Iran.33 It was observed that nurses did not like to report violence officially, except when they were hurt. Hence, most reports were on physical violence because some nurses believed that verbal assault is a part of their job.26,34,37 Although most of the nurses thought that reporting aggressive events was not useful, some of them who reported physical assaults did not officially pursue their complaints due to time constraints and other reasons.38-40 In the present study, it was found that violators were more of non-traumatic patients’ attendants, non-trauma patients, trauma patients’ visitors, and trauma patients, respectively, which shows a good agreement with that of Salimi et al.’s.24 Regarding the gender of violators and time of violence, it was observed that most assaults were committed by the males. Based on the time, evening and night shifts at no vacation days were reported as the most frequent times of violent events which are completely consistent with Salami’s findings.24 Lack of enough employees as nursing staff, insufficient security guards, doctors’ delay in visiting the patients, insufficient facilities of the hospitals, and improper patient’s care were the most common reasons of violence against nurses, respectively, which are in agreement with those of Rahmani et al.’s.41-42 Almost all the offended nursing staff urged the violators to keep calm, but some violators did not care, so some nurses self-defends were inevitable. Such behaviors are in line with the hypothesis that most of the nurses have accepted such workplace violence as a part of their job.

### Conclusion

Our results showed that verbal and physical assaults of patients’ attendants were much more prevalent than that of the patients themselves. It has been observed that men were at higher risk than women for physical violence, and women were at greater risk than men for verbal assaults.24 Hence, complete removal of workplace violence seems superficial and it is suggested to identify the violation factors, and then safe workplaces must be provided in all hospitals. It is suggested to employ security staff for each ward, and also to issue visiting card for patients’ relatives/visitors. Furthermore, employing enough nursing staff, improving their salary, and providing the opportunity to attend educational workshops on aggression management are recommended. Further, in educational curriculum of nursing,

### Table 4: The relationship between violence and patients’ bill of rights using ANOVA, regression and x².

| Patients’ bill of rights and Physical assault by patients’ companion | ANOVA | x²  | Regression |
|---------------------------------------------------------------|-------|-----|------------|
| Patients’ bill of rights and Verbal assault by patients’ companion | 0.035 | 38.2 | 0.85       |
| Patients’ bill of rights and Physical assault by patient        | 0.068 | 10.6 | 0.63       |
| Patients’ bill of rights and Verbal assault by patient          | 0.030 | 38.9 | 0.89       |
| Patients’ bill of rights and Physical assault by patients’ companion | 0.063 | 10.9 | 0.70       |

Significance less than 0.05 (P<0.05) was considered in this study.
some papers should be included on violence management. However, the development of a specific office to record, manage and follow up violence against the staff and to promote patients’ bill of rights is suggested.

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References

1. Merecz D, Rymaszewska J, Moscicka A, Klejna A, Jarosz-Nowak J. Violence at the workplace- a questionnaire survey of nurses. Eur Psychiatry. 2006 Oct;21(7):442-50.
2. Eslamian J,Fard SH, Tavakol K, Yazdani M. The effect of anger management by nursing staff on violence rate against them in the emergency unit. Iran J Nurs Midwifery Res. 2010 Dec;15(Suppl 1):337-42.
3. Kisa S. Turkish nurses’ experiences of verbal abuse at work. Arch Psychiatr Nurs. 2008 Aug;22(4):200-7.
4. Whelan T. The escalating trend of violence toward nurses. J Emerg Nurs. 2008 Apr;34(2):130-3.
5. Oztunc G. Examination of incidents of workplace verbal abuse against nurses. J Nurs Care Qual. 2006 Oct-Dec;21(4):360-5.
6. Pejic AR. Verbal abuse: a problem for pediatric nurses. Pediatr Nurs. 2005 Jul-Aug;31(4):271-9.
7. Sohrabzadeh M, Menati R, Tavan H. Workplace Violence against Nurses: Provincial Data from Iran. International Journal of Hospital Research. 2014; 3(2):55-62.
8. Aivazi AA , Tavan H. Prevalence of conceived violence against nurses at educational hospitals of Ilam, Iran, 2012. International Journal of Africa Nursing Sciences. 2015; 2(2):55-62.
9. Findorff MJ, McGovern PM, Wall M, Gerberich SG, Alexander B. Risk factors for work related violence in a health care organization. Inj Prev. 2004 Oct;10(5):296-302.
10. Chapman R, Styles I. An epidemic of abuse and violence: nurse on the front line. Accid Emerg Nurs. 2006 Oct;14(4):245-9.
11. Parspoor A, Mohammad K, Malekofazili H, Alaeedini F, Larijani B. The necessity of observing patients’ right: surveying patients’, physicians’ and nurses’ attitudes around it. Ijme. 2009; 2(4):79-90.
12. Buback D. Assertiveness training to prevent verbal abuse in the OR. AORN J. 2004 Jan;79(1):148-50, 153-8, 161-4; quiz 165-6, 169-70.
13. Sofield L. Salmon SW. Workplace violence: A focus on verbal abuse and intent to leave the organization. Orthop Nurs. 2003 Jul-Aug;22(4):274-83.
14. Wondrak R. Dealing with verbal abuse. Nurse Educ Today. 1989 Aug;9(4):276-80.
15. Kisa A, Dziegielewski SF. Sexual harassment of female nurses in a hospital in Turkey. Health Serv Manage Res. 1996 Nov;9(4):243-53.
16. Winstanley S, Whittington R. Agression towards health care staff in UK general hospitals: variation among professions and departments. J Clin Nurs. 2004 Jan;13(1):3-10.
17. Luck L, Jackson D, Usher K. Innocent or Culpable? Meaning that emergency department nurses ascribe to individual acts of violence. J Clin Nurs. 2008 Apr;17(8):1071-8.
18. Nau J, Helfens R, Needham I, Dassen T. Student nurses’ de-escalation of patient aggression: A pretest–posttest intervention study. Int J Nurs Stud. 2010 Jun;47(6):699-708.
19. Hahn S, Müller M, Needham I, Dassen T, Kok G, Helfens RJ. Factors associated with patient and visitor violence experienced by nurses in general hospitals in Switzerland: a cross-sectional survey. J Clin Nurs. 2010 Dec;19(23-24):3535-46.
20. Hojjatoleslami S, Ghodsi Z. Respect the rights of patient in terms of hospitalized clients: a cross sectional survey in Iran, 2010. Procedia –Social and Behavioral Sciences. 2012; 36(62): 464-7. [In Persian]
21. Lin YH, Liu HE. The impact of workplace violence on nurses in south Taiwan. Int J Nurs Stud. 2005 Sep;42(7):773-8.
22. Safavi S, Nejad N. Prevalence of violence against nurses in hospitals herald of Saveh city hospital. J Hosp Ghased. 2005; 11: 1-10.[In Persian]
23. Stange KC. In This Issue: Assessing and Acting on Complexity. Ann Fam Med. 2012; 10:98-9.
24. Ayranci U. Violence towards health care workers in emergency department in west Turkey. J Emerg Med. 2005 Apr;28(3):361-5.
25. Kamchuchat C, Chongsuvivatwong V, Onheunijit S, Yip T, Sangthong R. Workplace violence direct at nursing staff at a general hospital in southern Thailand. J Occup Health. 2008;50(2):201-7.
26. Senuzun Ergün F, Karadakovan A. Violence toward nursing staff in emergency departments in one Turkish city. Int Nurs Rev. 2005 Jun;52(2):154-60.
27. Jacobson J. Violence and nursing. Am J Nurs. 2007 Feb;107(2):25-6.
28. Nolan P, Dollender J, Soares J, Thomsen S, Arnetz B. Violence in mental health care: the experience if mental health nurses and psychiatrist. J Adv Nurs. 1999 Oct;30(4):934-41.
29. Lawoko S, Soares J, Nolan P. Violence towards psychiatric staff: A comparison of gender, job and environmental characteristics in England and Sweden. Work and Stress. 2004; 18(1):39-55.
30. Hegney D, Eley R, Plank A, Bulstra E, Parker V. Workplace violence in Queensland, Australia: The results of a comparative study. Int J Nurs Pract. 2006 Aug;12(4):220-31.
31. Gacki-Smith J, Juarez AM, Boyett L, Homeyer C, Robinson L, MacLean SL. Violence against nurses working in US emergency departments. J Nurs Adm. 2009 Jul-Aug;39(7-8):340-9.
32. Hinchberger PA. Violence against female student nurses in the workplace. Nurs Forum. 2009 Jan-Mar; 44(1):37-46.
33. Rafati R, Zabihi A, Hosseini J. Study of nurses exposed to verbal and physical violence in hospitals. J School Nurs Midwif. 2012;17(12):5-11.
34. Salimi J, Azazi Ardi L, Davari MK. Workplace violence against nurses in psychiatric wards. Medicolegal. 2006;12(4):202-9.
35. Henderson AD. Nurse and workplace violence: nurses experiences of verbal and physical abuse at work. Nurs Leadersh (Tor Ont). 2003;16(4):82-98.
36. Jackson D, Clare J, Mannix J. Who would want to be a nurse? Violence in the workplace -a factor in recruitment and retention. J Nurs Manag. 2002 Jan;10(1):13-20
37. Lyneham J. Violence in New South Wales Emergency Departments. Aust J Adv Nurs. 2000 Dec-2001 Feb;18(2):8-17.
38. Aghajanloo A, Haririan HR, Ghafrurifard M. Violence during clinical training among nursing students of Zanjan universities of medical sciences. Nursing Research. 2010; 17(5):47-54. [In Persian]
39. Fernandes MB, Bouthillette F, Raboud JM, Bullock L, Moore CF, Chistenson JM, et al. Violence in the emergency department: A survey of health care workers. CMAJ. 1999 Nov 16;161(10):1245-8.
40. Gerberich SG, Church TR, McGovern PW, Hansen HE, Nachreiner NW, Geisser MS. An epidemiological study of the magnitude and consequences of work related violence: The Minnesota Nurses study. Occup Environ Med. 2004 Jun;61(6):495-503.
41. Rahmani A, Dadashzade A, Namdar H, Akbari M, Allahbakshian A. Workplace violence against nursing in the Azarbayejan Sharghi. Magazine of Science Medical Legal. 2009; 15(2):100-7. [In Persian]
42. Kellam B, Bhatia J. Sound spectral analysis in the intensive care nursery: Measuring high frequency sound. J Pediatr Nurs. 2008 Aug;23(4):317-23.