

# Overview of Violence against Nursing Staff of Different Departments of Health Care Facilities: Simple Review

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## Abstract:

Violence at Work The deliberate use of physical or psychological force to harm, threaten, or assault someone in a workplace setting is known as workplace violence. Any threat of physical abuse, assault, bullying, or other threatening, disruptive behaviour that occurs at work is commonly referred to as this. This review included databases that looked at observational, experimental, and randomised controlled trials that investigated violence against medical professionals in paediatric departments. Six randomised studies that addressed workplace violence against paediatric professionals were included in the review. Due to the psychological stress brought on by their child's illness, paediatric doctors and nurses are subjected to various forms of violence by parents or other carers of the children who are seen in their departments. Suggestions Clear instructions must be provided to paediatric staff on how to handle and report violent incidents.

**Key words:** violence, maternity care departments, pediatric departments, pediatric staff and work place violence.

## Introduction:

Violence at Work The deliberate use of physical or psychological force to harm, threaten, or assault someone in a workplace setting is known as workplace violence. Any threat of physical abuse, assault, bullying, or other threatening, disruptive behaviour that occurs at work is commonly referred to as this [1]. It has been reported that 4.9–65% of health care professionals have been exposed to physical injury in their workplace and 1.2% of workplace homicide victims in USA. Other studies reported higher incidence of WPV [2].

Because patients and their family who are under emotional stress from illness or hospitalisation may use violence against healthcare personnel, healthcare workers are particularly exposed to reactive aggression from patients and their companions, which can negatively impact their physical and mental health. Physical violence against healthcare professionals in the workplace has been connected to job exhaustion, client demands, and deteriorating patient-staff interactions [3].

It is categorized as physical and psychological violence. Physical abuse requires use of physical force against someone or the use of objects to strike someone. It involves hitting, kicking, slapping, pulling, biting, pinching, wounding with sharp sticks and sexual assault [4]. It may result in severe injury, dysfunction, permanent disability, or no harm at all. Non-physical aggression may involve bullying, slurs, threats, or sexual

harassment; it does not cause physical injuries but may cause psychological damage, such as stress, anxiety, low job satisfaction, and low work performance [5].

In addition, WPV has many negative effects, resulting not only in physical consequences but also in relational consequences for healthcare workers at work, correlated with the decision to leave, stress out and minimize career success for medical practitioners [6]. These effects of aggression in the workplace can lead to a loss in efficiency and also affect the quality of treatment. Additionally the shortage of workers and the investment of defensive tactics induced by abuse in the workplace will practically raise health costs [7].

In outpatient clinics, pediatrics care services are now diminishing and pediatrics outpatient clinics were even discontinued, resulting in a drastic rise in the number of outpatient clinics in children's hospitals, overworked medical personnel, inadequate quality behaviors, crowded conditions and extended waiting times; these factors contribute to frustration and dissatisfaction among pediatrics patients' families which may lead to increased risk of violence [8].

Surveys were undertaken to examine the occurrence and intensity of physical violence toward health care workers committed by patients and tourists at the workplace. It is becoming an important research topic in Saudi Arabia, where cultural and ethical standards may vary dramatically from other locations Occupational abuse (WPV) committed by patients and tourists against nurses and doctors is a concern in adult emergency rooms (EDs), but largely unrecognized and unreported in pediatric EDs [9, 10].

Pediatric nurses working in hospital inpatient units have been under-studied in respect to their understanding of abuse in the workplace. Few studies were found in the literatures that concentrate on occupational abuse against pediatrics nurses by patients and tourists [11].

**Gillespie, G. (2010) found that;** both genders and all professional categories were at risk of witnessing verbal and physical WPV. Popular features of the suspects included patients undergoing a psychological examination and visitors suffering acute anxiety. Effects have been witnessed by staff, offenders, patients and health employers [12].

**Li, Zhe et al. (2017) found that;** 68.6% of respondents experienced at least one WPV event in the past year. (94.9%) of offenders were family members of patients. Most of the WPV happened during the day shift (70.7%). Males were almost twice as females at risk to experience violence. As a consequence of WPV, aggression, anger, decline in work, and work efficiency was reduced [13].

**Shaw J. (2015) reported that;** At least 26% of the workers shared worry about protection on a weekly basis. Twenty-seven percent witnessed fear-causing conditions at least weekly. The primary causes of fear were patient or guest frustration (with possibility of violence) and ED weapons. Respondents would be safer" with increased involvement of hospital security personnel (55%) and local police officers (71%) [14].

**Hein PT, et al. (2019) reported that;** the rate of occupational violence among nurses was 72.7%. More than 75% of nurses witnessed violence, and verbal assault was the most frequent. Around 25% of participants were victims of sexual assault. The regression study found that nurses working in the emergency room and outpatient clinic were 1.92 times more likely to have verbal harassment than people working in other units. They were also 3.02 times statistically more likely to have physical abuse [16].

**Alkorashy, H. et al. (2016) reported that;** about 50 % of participants had witnessed violence in the workplace during the 12 months prior to the study. Much of the respondents interpreted brutality in the workplace as physical harassment. Almost all nursing practitioners described patients as the leading cause. Slightly more than half of

the understaffing, disagreements, long delays for service and lack of staff preparation and crisis prevention policies have been listed as contributing factors [17]. Violence against health care providers has been increasing in many countries. Exposure of pediatric staff to violence while carrying out their duties negatively affect nurses and physicians which may lead to loss of concentration while performing their duties and other negative consequences. Physicians are also the victim of occupational violence. Around a fifth of the emergency room physicians announced that they were victims of physical violence in the last year [18, 19]. Understanding the association between WPV and its effect on patient care is relevant because the results of the study could inspire hospital management to implement violence reduction initiatives. Gillespie study findings indicate that all patients and visitors should be treated as though they have the potential to be violent. Employers must make sure the influence that violence has on employees' abilities to deliver patient care and debriefing and to learn how violence impacts patient care, how necessary it is to call for assistance when violence happens, and measures to avoid violence [12].

Number of studies have reported high levels of WPV among health workers [20- 25]. In a 2009 survey in Germany, 70.7 per cent of healthcare professionals reported exposure to physical abuse, while 89.4% reported verbal violence, repeated incidence of accidents and inadequate social assistance raised tension [26]. In Egypt, in the Ismailia Governorate report, the incidence of physical or verbal violence in nurses was 69.5% and 9.3% respectively [27]. The majority of current study in China reports on tertiary and county-level hospitals emergency departments in general hospitals; research indicates that emergency departments have a high rate of WPV [28- 31]. Several significant reports have suggested that nurses are at high risk of having WPV. The incidence rate of physical violence for nurses during the past 12 months, in Ethiopia, South Korea, Jordan, Germany ranged from 18.22 percent to 56.0 percent , the verbal abuse rate being from 63.8 percent to 89.58 percent and the sexual harassment rate from 4.7 percent to 19.7 percent [32- 37]. In a US report, approximately 25% of nurses serving in emergency departments were confronted with more than 20 physical violence incidents and 20% were confronted with more than 200 verbal violence incidents between 2006 and 2009. Many that were met with physical and/or verbal abuse also pointed to their fear of counterattack and lack of support for hospital management and ED management barriers to disclosing violence [38]. 88.1% of nurses reported verbal abuse from patients in a major mental health facility in Israel and 58.4% reported physical violence in the last year [39].

A research at Mansoura University Emergency Hospital has showed that only 7.4% of doctors did not experience abuse. Physical abuse was the most common with 76.5 per cent followed by physical violence 60.3 per cent and sexual assault 30.9 per cent. Most physical and verbal aggressors are relatives/visitors of the patient. Hospital protection mechanisms are not available and there is no monitoring mechanism or survivor counselling for abuse of any sort [40]. In another survey performed in Ismailia in the emergency room, 59.7% of HCWs reported abuse. The bulk (58.2 per cent) of verbal abuse was reported, while 15.7 per cent reported physical violence. The investigators also found that inability to satisfy the needs of the patient and his families, and the amount of time they wait, are the key causes of abuse [41].

Study on the experience of nurses in these departments in the USA. Switzerland and Jordan have shown that they experience a greater rate of WPV than nurses in other units [42- 44]. A Palestinian government hospitals, 80.4 per cent of nurses reported having been subjected to abuse in the previous year; 20.8 per cent were violent and 59.6 per cent were non-physical [45]. A retrospective analysis in Australia found that verbal

harassment (71%) was more common than physical abuse (29 percent) [46]. Research further indicates that 7.8% of nurses reported physically abusive experiences and 71.9% reported non-physically violent events in the previous year (a total of 588 nurses) [47]. Of the few population-based studies undertaken, a study of 1,404 health staff from Community Health Centers in Guangzhou and Shenzhen found that 51.64 per cent witnessed WPV [48].

In a previous research 89% of violent cases were patients, 9% were family members, and 2% were patients' relatives [49]. In a nationwide survey conducted in the United States, 78% of emergency room physicians indicated that they had been the victim of occupational abuse in the previous year. Of these, 75 per cent were indirect assaults, 21 per cent were physical assaults, 5 per cent were off-site confrontations, and 2 per cent were abuse [50].

### **Conclusion:**

Due to the psychological stress brought on by their child's illness, paediatric doctors and nurses are subjected to various forms of violence by parents or other carers of the children who are seen in their departments. Clear instructions must be provided to paediatric staff on how to handle and report violent incidents. It must be taken into consideration to hold health education sessions to raise public awareness of the crucial and crucial rules that paediatric professionals must follow when caring for that delicate and fragile patient group. A thorough understanding of parents' worry and anxiety around their children, as well as how to deliver bad news, is equally necessary for doctors and nurses.

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