

Impact of Physical Violence on the Mental Health of the Nurses Working in the Teaching Hospitals of Al-Dewaniya City, Iraq

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Abstract--- Objective: To identify workplace violence and mental health among nurses, to find out the impact of workplace violence on the mental health of nurses, and to determine the relationship between levels of workplace violence and levels of mental health with nurses' demographic characteristics.

Methodology: Descriptive analytic study was conducted on a convenience sample of nurses working in teaching hospitals at Al-Dewaniya city in Iraq. Data are collected January 20th 2020 through March 15th 2020.

Results: A total of 250 nurses completed the questionnaire, 64.8% of participants had been experienced at least one kind of violence, the majority of sample who experience workplace violence were female nurses about sixty-one and six percentage: 32.8% to physical violence, patients' relatives (87.6%) were identified as the primary perpetrators of violence. Participants exposed to workplace violence effect on their mental health about (55.6%) were intermediate levels of mental health.

Conclusions: The characteristics of the present study indicated that most of the nurses who are exposed to workplace violence and that's effected on their mental health were females within the age group between (20-29) years old were married concerning the association between socio-demographic characteristics and workplace violence. There was no relationship between gender, age, and level of education, ward, Years of experience, and workplace violence. However, there was an association between marital statuses.

Recommendations: The study recommends the ministry of health and environment, and related legal and executive parties must construct, adopt and issue special law to protect all health workers in general and nurses in specific against all types of work-related violence. Nurses who have experienced violence during their work should be granted leave in order to alleviate the psychological effects that will appear on them because of their exposure to violence.

Keywords--- Impact, Violence, Mental Health, Nurses.

I. INTRODUCTION

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either result in injury, death, psychological harm, maldevelopment, or deprivation⁽¹⁾. Workplace violence in health settings constitutes almost a quarter of total violence reported in all workplaces, and nursing has been identified as the occupation most at risk for patient violence⁽²⁾. For six US

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hospitals reported, a higher prevalence of verbal attack accompanied by intimidation and physical harassment of physicians and nurses was recorded⁽³⁾. In a survey of 65,424 nurses, WPV against nurses in the Anglo, Asian, European, and Middle East regions registered the following percentages: 62.8% non-physical abuse, 47.6% intimidation, 31.8% physical violence and 17.9% sexual assault⁽⁴⁾. Of the various professions in health care, nurses are the group most vulnerable to WPV, as most research has found, several factors may explain the more frequent incidence of violence against nurses relative to physicians: "length of time spent with the patient;" Patients considered a senior authority of doctors as opposed to nurses and how this applies to their choice of care and treatment, "contact style" and "misinformation"⁽⁵⁾.

The facilities with the highest risk of abuse were the psychiatric and emergency departments⁽⁶⁾. In the healthcare industry, even have increased risks of WPV. Nurses, are victimized especially in emergency rooms, psychiatric wards, and eldercare facilities that nurses routinely work with people that are in pain, under stress, feeling powerless, prevention "and" frustration arising from illness and pain, old age issues such as dementia, other mental conditions "or" alcohol "and" drug poisoning can influence actions "and" make folks orally "or" actually aggressive⁽⁷⁾. To many patients, particularly those with the most developing needs, the front door to the hospital is the (ED) where the most likely violent experience occurs, the ED is available for all hours "and" the nurse is generally the patient's first experienced healthcare provider⁽⁸⁾. Violence towards nurses may be a dynamic "and" protracted threat to the treatment career; absurdly, the work area with a mandate to worry for persons tends to be at the very best danger of violence in the workstation. Nurses are amongst the foremost abused staff in the health care sector, so often they are subject to abuse by nurses – especially from patients, relatives of patients, friends, and followers of the health care group. This abuse can take the shape of bullying, pressure, stalking, beatings, slashing, killing, "and" other sort of attack⁽⁹⁾.

The abuse in the occupation is counterproductive to our careers. Workers across the country report being pressed, fumbled, spit-on, choked, hit out, beaten, wounded, "and" even gunshot. Occupational attacks also exposure contribute to emotional consequence sequelae consist of post-traumatic stress disorder, anxiety, "and" depression. Workers who had a personal event of violence, the burnout will develop followed by emotional exhaustion, depersonalization, apathy, reduce work love, all that effects negatively on the care that introduces to sick people which lead to poor results so nurses cannot give good treatment when they fear for their security⁽¹⁰⁾. Decrease work satisfaction "and" increase of nurses turnover linked with occupational attacks, when nurses quit of job or change his/her work that will cause great danger "and" effects for the function of health care area globally. From these effects, low productivity, lower level of introducing care, high necessary for new nurses, "and" training them. Psychopathological conditions, material misuse, "or" abuse of psychotropic drug will produce from experience occupational attacks⁽¹¹⁾. Organizationally, the company's economic implications can be due to absenteeism or the lack of skilled employees⁽¹²⁾.

II. METHODOLOGY

Design of the study: An analytic study is used to investigate the impact of workplace violence on mental health among nurses at the teaching hospitals of Al-Dewaniya city.

Sample of the Study: A convenient sample which consisted of (250) nurse who works at teaching hospitals in Al-Dewaniya city.

Data collection: A self-reported questionnaire.

An instrument of the Study: Workplace violence scale adopted from the International Labour Office (ILO), International Council of Nurses (ICN), World Health Organization (WHO), and Public Services International (PSI). In 2003 was used for data collection. The other part of the study instrument is the General Health Questionnaire consist of 28 items. The scales were translated into Arabic and modified by the researcher to be acceptable from participants and suitable for this research's nature. The questionnaires contained a mixture of closed multiple-choice questions and open-ended questions. It included questions about personal and workplace data, questions about the experiences of physical violence, verbal threats or assaults, or sexual harassment, sources of workplace violence. It also includes questions about general health.

Statistical Methods: statistical data analysis approaches were used to analyze the data of the study by using the Statistical Package for Social Sciences (SPSS) version (23), Frequency, Percentage, Mean of Score, Chi-Square test, and ANOVA test.

III. RESULTS

1. Descriptive Analysis of Results

Table 1: Demographic Characteristics of the Sample

<i>Sample Demographic Characteristics</i>					
<i>Gender</i>			<i>Marital Status</i>		
	No.	%		No.	%
Male	78	31.2	Single	73	31.2
Female	172	68.8	Married	177	68.8
Total	250	100	Total	250	100
<i>Age</i>			<i>Level of Education</i>		
	No.	%		No.	%
20-29	154	61.6	Secondary	118	47.2
30-39	67	26.8	Diploma	108	43.2
≥40	29	11.6	College	24	9.6
Total	250	100.	Total	250	100
<i>Ward</i>			<i>Years of Experience</i>		
	No.	%	Years	No.	%
Emergency	122	48.8	1-10	151	60.4
Haemodialysis	40	16.0	11-20	50	20.0
Medical	79	31.6	21 – 30	25	10.0
Psychiatric	9	3.6	≥31	24	9.6
Total	250	100	Total	250	100
<i>Sources of Violence</i>					
	No.	%		No.	%
Patient	Yes	92	Physician manager	Yes	1
	No	158		No	249
	Total	250		Total	250
Patient's Relative	Yes	219	Technician	Yes	0
	No	31		No	250
	Total	250		Total	250
Physician	Yes	22	Clerk	Yes	0
	No	228		No	250
	Total	250		Total	250
Nurses	Yes	8	House Keepers	Yes	0
	No	242		No	250
	Total	250		Total	250
Nursing manager	Yes	8			
	No	242			
	Total	250			

Table (1) shows that the highest percentage is (68.8%) of the study sample is female. The highest percentage is (61.6%) of the study sample at age group (20-29). The highest percentage is (68.8%) for married. Regarding experience years: the highest percentage is (60.4%) for less than ten years.

Concerning educational levels: the highest percentage is (47.2%) of them graduate from nursing secondary—the highest percentage (48.8%) of nurses who work in the emergency ward. Regarding the sources of violence, the highest percentage is (87.6%) of the patient's relative.

Table 2: Distribution of the Sample According to the Levels of Physical Violence

<i>Levels</i>	<i>Levels of Physical Violence</i>									
	<i>Low</i>		<i>Intermediate</i>		<i>High</i>		<i>Very high</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Physical Violence	131	52.4	37	14.8	47	18.8	35	14	250	100
7-8 = Low 9-11 = Intermediate 12-15 = High 16-32 = Very high										

Results of the table (2) reveal that the sample is distributed differently within levels of physical violence; about Just over a quarter of them (32.8%) were greatly and very greatly physically attacks.

Table 3: Distribution in Levels of Physical Violence According to Demographic Characteristics of the Nurses

<i>Demographics</i>		<i>Levels of Physical Violence</i>									
		<i>Low</i>		<i>Intermediate</i>		<i>High</i>		<i>Very high</i>		<i>Total</i>	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Gender	Male	18	7.2	13	5.2	21	8.4	26	10.4	78	31.2
	Female	113	45.2	24	9.6	26	10.4	9	3.6	172	68.8
	Total	131	52.4	37	14.8	47	18.8	35	14.0	250	100.0
Age	20-29	93	37.2	22	8.8	25	10.0	14	5.6	154	61.6
	30-39	23	9.2	9	3.6	16	6.4	19	7.6	67	26.8
	≥40	15	6.0	6	2.4	6	2.4	2	0.8	29	11.6
	Total	131	52.4	37	14.8	47	18.8	35	14	250	100
Level of Education	Secondary	75	30.0	16	6.4	16	6.4	11	4.4	118	47.2
	Diploma	41	16.4	17	6.8	29	11.6	21	8.4	108	43.2
	College	15	6.0	4	1.6	2	0.8	3	1.2	24	9.6
	Total	131	52.4	37	14.8	47	18.8	35	14.0	250	100
Ward	Emergency	58	23.2	24	9.6	21	8.4	19	7.6	122	48.8
	Haemodialysis	21	8.4	4	1.6	10	4.0	5	2	40	16
	Medical	51	20.4	7	2.8	11	4.4	10	4	79	31.6
	Psychiatric	1	0.4	2	0.8	5	2.0	1	0.4	9	3.6
	Total	131	52.4	37	14.8	47	18.8	35	14	250	100
Years of Experience	1-10	84	33.6	25	10	26	10.4	16	6.4	151	60.4
	11-20	20	8	6	2.4	10	4.0	14	5.6	50	20
	21-30	14	5.6	2	0.8	6	2.4	3	1.2	25	10
	≥31	13	5.2	4	1.6	5	2.0	2	0.8	24	9.6
	Total	131	52.4	37	14.8	47	18.8	35	14	250	100
Marital Status	Single	51	20.4	7	2.8	8	3.2	7	2.8	73	29.2
	Married	80	32	30	12.0	39	15.6	28	11.2	177	70.8
	Total	131	52.4	37	14.8	47	18.8	35	14	250	100
7-8 = Low 9-11 = Intermediate 12-15 = High 16-32 = Very high											

Table (3) shows that the percentage (55.6%) of female exposure to physical attacks more than male who exposure to physical attacks less female according to the percentage (18.8%); (47.2%) of the participation was victims of physical attack in age (20-29) years; (47.6%) of victims were married and exposure to physical violence

more than others. The participants who reported being physically attacked during the previous year were work in the emergency room according to the ratio (32.8 %) were distributed in intermediate levels and the level of education of victims who exposure to physical attacks was secondary level according to the percentage (36.4%), in the level of experience less than ten years according to the high ratio of this study (44%).

Table 4: Distribution of the Sample According to the Levels of Mental Health

<i>Levels</i>	<i>Levels of Mental Health</i>									
	<i>Weak</i>		<i>Intermediate</i>		<i>Good</i>		<i>Very good</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Mental Health	56	22.4	79	31.6	60	24	55	22	250	100
30-52 = Weak 53-66 = Intermediate 67-81 = Good 82-111 = Very good										

Results of the table reveal that the sample is distributed differently within levels of mental health; about (55.6%) were intermediate levels of mental health.

Table 5: Distribution in Levels of Mental Health According to Demographic Characteristics of the Nurses

<i>Demographics</i>		<i>Levels of Mental Health</i>									
		<i>Weak</i>		<i>Intermediate</i>		<i>Good</i>		<i>Very good</i>		<i>Total</i>	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Gender	Male	17	6.8	27	10.8	18	7.2	16	6.4	78	31.2
	Female	39	15.6	52	20.8	42	16.8	39	15.6	172	68.8
	Total	56	22.4	79	31.6	60	24.0	55	22.0	250	100.0
Age	20-29	35	14.0	44	17.6	38	15.2	37	14.8	154	61.6
	30-39	17	6.8	24	9.6	17	6.8	9	3.6	67	26.8
	≥40	4	1.6	11	4.4	5	2	9	3.6	29	11.6
	Total	56	22.4	79	31.6	60	24	55	22.0	250	100
Level of Education	Secondary	29	11.6	34	13.6	30	12	25	10	118	47.2
	Diploma	25	10.0	35	14.0	25	10	23	9.2	108	43.2
	College	2	0.8	10	4.0	5	2	7	2.8	24	9.6
	Total	56	22.4	79	31.6	60	24.0	55	22.0	250	100.0
Ward	Emergency	29	11.6	43	17.2	26	10.4	24	9.6	122	48.8
	Haemodialysis	12	4.8	9	3.6	9	3.6	10	4.0	40	16.0
	Medical	15	6.0	23	9.2	21	8.4	20	8.0	79	31.6
	Psychiatric	0	0	4	1.6	4	1.6	1	0.4	9	3.6
	Total	56	22.4	79	31.6	60	24.0	55	22.0	250	100
Years of Experience	1-10	35	14.0	48	19.2	35	14.0	33	13.2	151	60.4
	11-20	12	4.8	15	6	16	6.4	7	2.8	50	20.0
	21-30	5	2.0	7	2.8	6	2.4	7	2.8	25	10
	≥31	4	1.6	9	3.6	3	1.2	8	3.2	24	9.6
	Total	56	22.4	79	31.6	60	24.0	55	22	250	100.0
Marital Status	Single	19	7.6	17	6.8	18	7.2	19	7.6	73	29.2
	Married	37	14.8	62	24.8	42	16.8	36	14.4	177	70.8
	Total	56	22.4	79	31.6	60	24	55	22.0	250	100

30-52 = Weak 53-66 = Intermediate 67-81 = Good 82-111 = Very good

Table (5) shows that the high percentage of mental health levels was (37.6%) for the intermediate level of a female while the percentage of mental health for male (18%); and the high percentage (32.8%) for the age of the participants under thirty years, most of them were married according to the percentage (41.6%); and (28.8%) of the participants were in an emergency room who had an intermediate level of mental health, and have diploma degree according to the percentage (24%); and experience less than ten years according to the percentage (33.2%)

Table 6: Impact of the Physical Violence upon the Mental Health of the Nurses

<i>Coefficients of Mental Health</i>						
<i>Model</i>		<i>Unstandardized Coefficients</i>		<i>Standardized Coefficients</i>	<i>T</i>	<i>Sig.</i>
		<i>B</i>	<i>Std. Error</i>	<i>Beta</i>		
1	(Constant)	3.724	0.192	-0.405	19.382	0.001
	Total violence	-0.695	0.100		-6.972	0.001
<i>a. Dependent Variable: Mental Health</i>						
This table reveals the significant-high association between physical violence and mental health of the nurses (p-value= 0.001) and the negative unstandardized (B= - 0.695) and standardized (t= - 6.972) indicates that the higher level of physical violence the nurse faces at work the lower level of mental health status she experiences.						

IV. DISCUSSION

Table (2) shows that (32.8%) were greatly and very greatly physically attacks while (14.8%) exposure to physical violence in a moderate level this result agrees with the study of Bankole and Emmanuel (2016). Who conducted to investigate how WPV has contributed to an unsafe environment for nurses and nursing assistants who work in long-term medical care facilities, they found that that of physical violence was about (22.0%). Also, agree with the study of ALBashtawy (2013) aiming to assess the incidence, characteristics, and contributing factors of workplace violence committed against nurses in hospital emergency departments in Jordan, which found that the great level of physical violence about (11.9%).

Table (3) reveals that the majority of the sample, both females (55.6%) and males (18.8%), have very high physical violence. Regarding the age, the highest level of physical violence is among younger nurses who aged within (20-29) years old (47.2%). Concerning the incidence unit, physical violence was accord in the emergency ward about (32.8 %). This result agree with the study of Mensah and Hancock (2017). The study aimed to document the incidence, sources, and effects of workplace physical violence against Ghanaian nurses in Ghana hospitals. They found that the majority of victims of physical violence was (79.2%) were females, and (20.8%) were males. In addition, agree with the age of the victims were within the age range of (21-30) years old about (73.6%), but our result disagrees of Mensah and Hancock (2017), in the incidence ward which the found that the majority of nurses exposure to physical violence in the medical and surgical units about (35.8%). Table (4) show that the mental health of participants was about (55.6%), intermediate levels of mental health. This means that participants exposed to different types of violence have affected their mental health and led to a decrease in their mental health rate. This means that nurses' exposure to violence has diminished their sense of humiliation as well as sleep disturbances and nightmares that they subsequently faced.

Table (5) shows of mental health levels of participants the most of them who had an intermediate level of mental health were female (37.6%). Regarding age (32.8%) for the participants under thirty years, most of them were married according to the percentage (41.6%); and (28.8%) of the participants were in an emergency room who had an intermediate level of mental health, and have diploma degree according to the percentage (24%), and experience less than ten years according to the percentage (33.2%). This result shows that the mental health of young female nurses was most affected by workplace violence from males, especially those working in an emergency because they were the first line to receive patients.

Table (6) the results of the present study show that there is a significant association between physical violence and the participant's demographics data (Gender, Age, Level of education, Ward, and Marital status) (p-value < 0.05), but there is no significant association between physical violence and years of experience (p-value >0.05).

The result supported by the study of Talas and his team (2011) in Turkey. Which aimed to identify the proportion of staff subjected to the types of violence, its sources, factors affecting violence experiences, reporting the incidence and the emotions of the victims after violence. Which found there was a significant relationship between the frequency of physical violence and gender, educational level, profession, and workstation in the ED. The rates of physical violence were lower among staff members who graduated from the university ($c2 \frac{1}{4}$ 22.662, $p < 0.001$).

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