Prevalence of Workplace Violence in Psychiatric Wards, Tehran, Iran

Masoud Fallahi Khoshknab, Zahra Tamizi, Nahid Ghazanfari and Golnoush Mehrabani
1Department of Nursing, School of Rehabilitation and Welfare, Tehran, Iran
2Razi Educational and Clinical Psychiatric Center, Tehran, Iran
3Student Research Committee, Shiraz University of Medical Sciences, Shiraz, Iran

Abstract: Workplace violence is still a problem that nurses may be exposed to in clinical wards. A psychiatric ward is among the most probable one confronting this violence. This study determined the workplace violence in psychiatric wards in Tehran, Iran. Nurses working in Razi Psychiatric Center, Tehran, Iran were enrolled using the International Workplace Violence questionnaire. Among 385 nurses of this ward, 200 subjects completed the questionnaire using a simple random sampling method with a response rate of 91.5%. The prevalence of workplace violence was 71% including mental (93.4%) and physical violence (71.6%). Verbal and sexual violence occurred in 19.1 and 5.5% of subjects, respectively. The 62.3% of the nurses did not report violence because they considered it useless (55.3%) or did not believe to be important (42.1%). The 61.2% believed to the necessity of training courses while 72.7% had completed these courses and 59.6% believed to a reporting system. The need to security guard (56.8%), taking security actions in wards (67.8%) and training of staffs (68.9%) were the most important preventive measures reported to be effective for workplace violence. It seems that training courses, establishing rules to prevent workplace violence, reporting systems, compensating losses from violence, increasing the security at workplace, increasing the number of nurses and providing especial guiding protocols against any workplace violence would promote the wards to control the workplace violence against nurses.

Key words: Workplace violence, nurse, psychiatry

INTRODUCTION

Violence may be visible in different situations and concepts such as violence against women, children and young people and street violence were previously studied. Workplace violence is one of the commonest ones that the staffs of an organization may confront with. OSHA (2004) has defined workplace violence as any kind of assault, threatening or verbal abuse that can occur in or out of a workplace either temporary or permanent (OSHA, 2004). NIOSH (2006) has another definition on workplace violence as physical or threatening attacks against staffs in a workplace during working time (NIOSH, 2006; Atai-Otong, 2001). WHO (2008) has divided the workplace violence into 4 types of physical, mental, sexual and verbal violence.

International Council of Nursing has reported that workplace violence is still a common and major problem in health sector (WHO, 2008). The reports of Occupational Administration of America showed that in US, 2 millions nonlethal workplace violence had occurred annually and they were the third reason of mortality reports. Nurses in different occupational settings such as outpatient and inpatient wards and in especial departments like psychiatric and emergency wards reported presence of workplace violence (Finderff et al., 2005). Violence at work is of great importance for nurses working in mental health services. American Psychiatric Nursing Association (APNA) reported that safety is a major concern for nurses working in psychiatric wards. Nurses are the front line of care providers who are responsible for people suffering from an illness, trauma or pain. So they may face people, patients or their relatives having unusual behaviors (APNA, 2008).

In one study on workplace violence, 1400 subjects from 17 countries who were working in hospitals including USA, Saudi Arabia, Afghanistan and Taiwan were enrolled and 74% of respondents reported a violence at workplace (Hader, 2008). In other studies, the prevalence of workplace violence against nurses was 62% in Taiwan (Lin and Liu, 2005) and 95% in Australia (O’Connell et al., 2000) while verbal abuse against nurses in public hospitals of UK was 68% (Winstanley and Whittington, 2004).

There are some reports on workplace violence in Iran. Among 160 nurses working in Emergency Ward of Tabriz hospitals, western Iran, during a one year period, 37.7% of nurses reported violence at their workplace (Rahmani et al., 2008). In Arak, Central Iran, 71.7% of 205 medical personnel and students reported exposure to
workplace violence (Yusefi et al., 2008). In East Azerbaijan, Iran, workplace violence was studied among 486 nurses while 46% had experienced physical violence and 72% mental violence (Zamanzadeh et al., 2009).

Among 82 nursing students of Zanjan School of Nursing and Midwifery, Iran, 18% reported physical violence, 9% a kind of threat and 23% verbal abuse (Aghajani et al., 2010). In Baghiatollah Hospital, Tehran, Iran among 450 nurses, 21.3% had experienced physical violence during a period of one year (Ghasemi et al., 2007). In Babol University of Medical Sciences hospitals, Northern Iran, among 302 nurses (61 men (20.2%) and 238 women (78.8%) working in hospitals affiliated to the university, 70.2% of nurses were exposed to verbal violence and 12.6% to physical behaviors (Zabih, 2009).

In Hormozgan University of Medical Sciences hospitals, southern Iran; among 88 nurses in Bandar Abbas, 72% reported verbal abuse and 9% physical violence during a period of 6 months (Ghadbsin et al., 2008). In Imam Khomeini, Shariati and Sina hospitals affiliated to Tehran University of Medical Sciences hospitals, Tehran, Iran, among 136 nurses in emergency wards, 97% reported workplace violence while physical violence was visible in 39% and non-physical ones in 86% (Salimi et al., 2006). In Tehran, Iran among 413 nurses, psychological violence was noticed among 69% of nurses during a period of one year (Teymooorzadeh et al., 2009).

Considering the few cases in public hospitals and emergency wards in these studies and absence of reports on workplace violence in psychiatry wards, this study was performed to evaluate workplace violence against nurses in psychiatric wards, Tehran, Iran.

MATERIALS AND METHODS

From March to September 2011 using simple random sampling method, 200 nurses working in psychiatric wards with at least one year work experience in Razi Psychiatric Center in Shahre Ray, Tehran, Iran were enrolled. A written consent was provided from each participant. The study was approved in university Ethics Committee (801/4/891286). First in a pilot study done twice on 20 nurses with a time interval of 15 days, the correlation coefficient was determined as 73% ($r = 0.73$).

Data was collected through two questionnaires containing demographics and International Workplace Violence questionnaire of the World Health Organization, International Labor Organization and International Council of Nursing. The reliability and validity of the questionnaire were previously confirmed by several researchers in Iran. Data were analyzed by SPSS software (Version 18, Chicago, IL, USA) using Chi-Square and student independent t-tests. A p value less than 0.05 was statistically considered significant.

RESULTS

One hundred and eighty three questionnaires were completed by nurses (response rate = 91.5%) while 59.6% were male 40.4% were female. The age of nurses was 36.15±6.58 years. 85.8% of subjects were married and had children and 48.6% were married without any child. 96.7% of nurses were Shia religion, 61.2% were Persian speaking, 48.1% had a bachelor degree and 45.9% were college nurse assistants. 52.5% reported daytime work shifts, 67.2% were permanent governmental employees with 11.7±5.6 years work experience. 50.3% of survey population worked in chronic and 49.7% in acute psychiatric wards, 76.5% were full-time or even overtime employees and 95.6% did not report for security guards in their ward to protect them against any kind of violence. 59.6% of nurses believed in presence of violence at their workplace and 50.8% were always worried about these violent behaviors.

In Razi Psychiatric wards, the prevalence of workplace violence was 71%. Mental and physical violence in these wards occurred with the frequency of 71.6 and 93.4%, respectively. The least type of workplace violence was verbal (5.5%) followed by sexual violence (19.1%) (Table 1). Violent behaviors were done by the

| Table 1: Type of violence and the groups exposed to it in Razi psychiatric ward |
| --- | --- | --- | --- | --- |
| Variable | Physical violence | Mental violence | Sexual violence | Verbal violence |
| | No. | % | No. | % | No. | % | No. | % |
| Violence cases | | | | | | | | |
| Yes | 131 | 71.6 | 171 | 93.4 | 10 | 5.5 | 35 | 19.1 |
| No | 52 | 28.4 | 12 | 6.6 | 173 | 94.5 | 148 | 80.9 |
| Total | 183 | 100.0 | 183 | 100.0 | 183 | 100.0 | 183 | 100.0 |
| Invasion to | | | | | | | | |
| Patients | 123 | 93.9 | 136 | 79.5 | 10 | 100.0 | 23 | 65.7 |
| Families | 1 | 0.8 | 3 | 2.9 | 0 | 0.0 | 10 | 28.6 |
| Nurses | 1 | 0.8 | 5 | 2.9 | 0 | 0.0 | 0 | 0.0 |
| Management | 0 | 0.0 | 1 | 6.6 | 0 | 0.0 | 0 | 0.0 |
| Others | 6 | 4.6 | 26 | 15.2 | 0 | 0.0 | 0 | 0.0 |
| Total | 131 | 100.0 | 171 | 100.0 | 10 | 100.0 | 35 | 100.0 |
patients as 65.7, 79.5, 93.9 and 100% for sexual, physical, mental and verbal violence, respectively (Table 1). Self-defense and asking for help were reported 27.9 and 23%, respectively (Table 2).

62.3% of the nurses did not report violence because they believed that any report was useless (55.3%) or was not considered important (42.1%). 55.2% mentioned that they did not receive any order from the head nurse to report any kind of workplace violence. 72.7% of nurses believed that no action was taken by the head nurses to identify the reason for the violent behaviors and in 52% of the reported violations; follow-up actions by managers did not satisfy them (68.3%). The main reasons for occurrence of workplace violence were reported to be (i) Low number of nurses in the wards, lack of security guards, consumption of psychotropic drugs and patient's judicial and legal issues with the frequency of 78.7, 53, 39.9 and 35%, respectively (Table 3).

The 72.7% of participants mentioned to training courses that they spent on control of workplace violence. 61.2% of them believed that these courses and 59.6% reported that good management systems to report workplace violence are necessary. Besides, presence of security guards (56.8%), security actions in wards (67.8%) and training courses (68.9%) were the most important preventive measure to control workplace violence (Table 4).

**DISCUSSION**

Our findings showed that the prevalence of mental and physical violence during a period of 12 months was 71.6 and 93.4%, respectively. The most prevalent violence was verbal (95.5%) and the least was sexual violence (19.1%). Other authors in Iran also noticed verbal and physical violence (72.7 and 9.1%, respectively) which are close to our findings (Ghodsbin et al., 2008). Another study in Iran also indicated that verbal violence was the most and that sexual violence was the least similar to our results (Zamanzadeh et al., 2009). It seems that physical violence occurs simultaneously or after a verbal violence.

Our findings showed that most of the violence occurred by patients. Zamanzadeh et al. (2009) demonstrated that most of the verbal and physical violence happened by patients and most of them had
verbal and sexual violence to doctors and nurses. Yusefi 

et al. (2008) found that 25.85% of violence were 
done by patients and their relatives. Their findings are 
different with our results. High rate of violence by 
patients may be due to mental disorders on one hand and 
indifference of the patients' relatives in psychiatric wards 
on the other hand.

In this study, the patients were requested to be calm 
and quiet and self-defense and asking for help were the 
most common reactions done against violence. Rahmani 
et al. (2008) and Teymoorzadeh et al. (2009) 
showed that the most common reactions of nurses were 
asking the patients to be calm and in peace identical to 
our findings. So it seems that most of the participants 
accepted the workplace violence as part of their 
occupational hazard.

Most of the subjects did not report the violence since 
they believed that any reporting would be useless. 
Teymoorzadeh et al. (2009) also revealed that in most 
cases, nurses did not report the events because of 
considering it useless to be reported identical to our 
results. This belief may be due to absence of follow-ups 
in an organization for reporting violence and lack of a 
good management system. Most of nurses reported 
absence of an acceptable management to follow up 
workplace violence and even if reported, no especial 
action was taken by the managers to overcome the 
problem.

The main causes of workplace violence in our study 

were the low number of nurses (78.7%), lack of security 
guards (53%), consumption of psychoactive drugs 
(39.9%) and patients' judicial affairs (35%). Another study 
indicated that 90.9% of nurses believed that continuous 
training courses can be one of the ways to deal with the 
workplace violence (Ergun and Karadakovan, 2005).

Our findings were identical to many studies denoting 
to the lack of enough human resources and lack of 
security guards as important factors affecting workplace 
violence (Aghajanloo et al., 2010; Ghasemi et al., 2007; 
Zabih, 2009; Ghodsbin et al., 2008; Salmi et al., 2006). 
Most of the patients referring to psychiatric wards were 
those who had a history of drug-abuse. It should be 
emphasized that consumption of psychoactive drugs may 
lead to delusion and hallucination as main causes of 
workplace violence in these patients which may explain 
the presence of workplace violence.

Our findings showed that presence of security 
guards (56.8%), taking security measures in wards (67.8%) 
and training courses of staffs (68.9%) were the important 

factors leading to workplace violence. In this regard, the 
findings of Zamanzadeh et al. (2009) were similar to our 
results. Therefore, it is very important to prevent violence 
against nurses as violence can affect nurses, services in 

patient care and would influence the relation between 
nurses and the patients (Salmi et al., 2006).

The 50.8% of our subjects were always worried 
about their workplace violence and probable risks. 
Ghasemi et al. (2007) indicated that 16% of their cases 
were anxious about their workplace violence; however, in 
Gates et al. (2006) study, 26% of their subjects were 
worried about workplace violence and did not feel secure 
and confident about their workplace while the extent of 
their anxiety was dependent on the situation. It seems that 
feeling insecure at workplace not only decreased the 
satisfaction but also increased the stresses too.

One of the limitations of this research was absence of 
evaluation of other staffs in psychiatric wards such as 
psychiatrists, social workers, occupational therapists and 
psychologists. So it would be beneficial to evaluate 
workplace violence in these groups too. Based on our 
findings, it seems that training of staff is necessary to 
control any workplace violence. Establishing rules to 
prevent workplace violence, helping management systems 
to report violence and to compensate physical and mental 
damages, increasing the security of workplace by 
employing security guards or policemen, increase in 
number of nurses at workplace and finally providing 
especial protocols for training courses of nurses would be 
beneficial.

ACKNOWLEDGMENTS

We are grateful to the Vice Chancellor of Research 
and the staff of research of Welfare and Rehabilitation 
University. Special thanks also to the president and all of 
the nursing staff of psychiatric wards of Razi Psychiatric 
Center who helped us in conducting this research.

REFERENCES

American Psychiatric Nurses Association.
Workplace violence against nursing students in 
health promotion model for workplace violence. 
nursing staff in emergency departments in one 
Findorff, M.J., P.M. McGovern, M. Wall and 
S.G. Gerberich, 2005. Reporting violence to a 
healthcare employer: A cross sectional study. 
AAOHN J., 53: 399-406.


