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# Investigating the Attitude and Self-Confidence Level of Emergency Doctors and Nurses in the Field of Violence Management in the Emergency Department of Urmia University of Medical Sciences

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## Abstract

***Background:*** *Although the emergency department is known as a potential center of violence and the main reason for the prevalence of violence in these departments is unknown. Due to the lack of registration and reporting systems for these cases, the history of research in this case is limited and there are problems in this field. And this study was conducted with the aim of investigating the attitude and self-confidence level of emergency doctors and nurses in the field of violence management in the emergency department of Urmia university of medical sciences.*

***Methods:*** *This descriptive-analytical study was conducted on 187 personnel working in medical education centers of Urmia by census method. The data was collected using the demographic information checklist and Dimond et al.'s questionnaire. After collecting the data, it was entered into SPSS 18 and analyzed with the help of descriptive and analytical statistics.*

***Results:*** *In this study, the results showed that out of 187 personnel participating in the study, most of the participating personnel were nurses 134(%71.6), age group 138(%73.8) 26 to 35 years old and gender 97(%51.9) were male. And there was a significant relationship between the gender of the emergency department staff and a work experience in the emergency department with all three areas of understanding of violence, self-confidence in managing aggressive behavior and attitude towards safety and responsiveness and security in the workplace in the face of aggression. The age group of the emergency department staff had a significant difference only in the individual's perception of violence, in such a way that younger age groups had lower scores in the perception of violence section.*

***Conclusions:*** *The issue of violence is a serious issue in the emergency departments of teaching hospitals in Urmia and serious attention should be paid to this point by the relevant authorities. And considering the lower levels of self-confidence of people in the face of aggression among people who have not completed training courses on violence management, the necessity of wider implementation of these courses among the employees of the emergency department in the investigated centers is mandatory.*

**Keywords:** Violence, Emergency, Doctor, Nurse, Hospital.
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## Introduction

Emergency departments act as the gateway to a hospital, and as a result, emergency personnel encounter a variety of people. Emergency department staff are exposed to violence as a result of tight working hours as well as the nature of their work, which deals with the sensitive conditions of patients. According to the conducted studies, violence against medical workers in the emergency department is a pervasive and widespread issue that is increasing in scope and frequency.[1-3] Some researchers believe that the increasing trend of violence in hospitals is a function of the overall increase in violence in societies. Violence occurs in many ways and is associated with many complications that involve health workers and managers of health facilities. Verbal threats and physical violence can lead to loss of working days, restriction of activity or work, loss of property, termination of employment, job change, medical treatment and even death.[4-6]

Emergency department staff are exposed to risks based on a series of factors: an increase in the number of patients and companions who use drugs or alcohol; or people who have insanity or mental abnormalities; the prevalence of carrying weapons; the stressful environment inherent in the emergency; free 24-hour emergency access. In addition, crowded emergency centers and long waiting times add additional stress to patients and their companions in addition to the stress of their illness and medical problem. Recently, researchers have reported that doctors and nurses working in the emergency department, they experience the highest amount of physical and verbal violence compared to doctors and nurses in other parts of a hospital.[7]

Many costs related to violence are imposed on health facilities.[5] For example, in England, violence against medical staff costs £30 million per year, due to absenteeism, etc.[3] The criminal effects of violence in health institutions may lead to social and political disturbances such as employee strikes, closure of health services, followed by public anger.[5] In

addition, because violence often leads to irritation in employees, it may also have an adverse effect on the quality of patient care,[3] Violence is defined as any incident that endangers a person from the treatment staff and includes language abuse, threatening behavior, attack by a patient, family member, friend or community member.[8] Also, violence can be defined and explained in the following three categories: Verbal threats, raising the voice (shouting) and name calling as verbal abuse; slapping, pinching, throwing objects, biting, hitting, pushing, pulling, grabbing, etc. as physical violence; and raising hands and fists, knocking on doors and trying to apply physical violence as other types of violence.[2]

Emergency patients may be in critical condition, and therefore patients and their relatives who visit the emergency department, they experience various physical and mental pressures such as worry about themselves or their loved ones, fear and sometimes anger. Emergency doctors and nurses are even more exposed to violence than other categories of health workers due to their presence and activity in the emergency room and direct contact with patients. Various studies have reported the prevalence of this phenomenon among doctors and emergency nurses in different countries between 57 and 93 percent.[9,10]

Although the emergency department is known as a potential center of violence, the main reason for the prevalence of violence in these departments is unknown, because these cases are usually not reported.[11,12] For example, although language abuse is often not reported in research, the majority of studies show that language abuse, including threats and assaults, are common.[12,13] One of the other problems of this type of research is the comprehensive attitude that only looks at this issue from the patient's point of view. This one-sided view has been formed in many minds as an emphasis on the rights of the patient versus the rights of the medical staff (in terms of security). It is clear that both employees and patients and relatives of patients have the right to be able to communicate with other people without facing unnecessary violence in the environment and to be able to take legal measures in case of any violence. In developing countries, the investigation of violence against health workers and its causes has received attention in the last decade. But due to the lack of registration and reporting systems for these cases, the history of research in this case is limited and there are problems in this field. This study, with the structure of a questionnaire, aims to investigate the prevalence of violence against health workers in the hospitals of Urmia city, located in West Azarbaijan province. Reviewing the opinions and feedback of health workers about the prevalence of violence and ways to reduce and control it and prepare the way for further research in this field.

## Materials and Methods

This descriptive-cross-sectional study was conducted on 187 doctors, nurses and residents working in educational and therapeutic hospitals of Urmia (Shaheed Motahari, Taleghani, Imam Khomeini (RA) and Seyyed al-Shohda) in a census. At the beginning of the work, a series of entry and exit criteria were placed, the criteria for entering the study included: 1- being part of the emergency personnel, and the criteria for exiting was 1- unwillingness to participate in the study, which was further used to collect data from two demographic questionnaires including information (position, age, sex, marital status, work experience). Used And in the second part, the violence management questionnaire of Dimond et al.[14], which was designed in 1994, was used. This questionnaire measures doctors' and nurses' understanding of the incidence, identification of violence and aggressive behavior such as obscenity, threats, physical, verbal or sexual conflict. The score of the incidence of violence with a 5-point Likert scale (never, score zero), (less than once a year, score one), (about once a year, score two), (once a month, score three), (once a week, score 4) was measured. Finally, the score of the violence exposure questionnaire was considered after calculating the average in three levels (low, medium, high). The third part is about the level of self-confidence in managing aggressive behavior. This part has 8 items that doctors and nurses use to measure their self-confidence when facing aggressive and violent patients. The level of self-confidence was measured with a 4-point Likert scale (no, score 0), (to some extent, score 1), (a lot, score 2) and (very much, score 3). The score of the self-confidence questionnaire in the face of violence was considered in the final interpretation after calculating the average in four levels (low, medium, high, very high). The fourth part includes 16 items that measure the attitude of doctors and nurses towards safety, accountability and security in the workplace in the face of violence and aggression in the workplace. The score of this tool was measured with a 4-point Likert scale (totally agree, score one), (agree, score two), (disagree, score three) and (totally disagree, score four). The score of the attitude understanding questionnaire in the face of violence was considered in the final interpretation after calculating the average in four levels (low, medium, high, very high). After collecting the data, it was entered into SPSS 18 and analyzed with the help of descriptive statistics (mean and standard deviation) and analytical statistics (Fisher and chi square).

## Results

In this study, the results showed that out of 187 personnel participating in the study, most of the participants in the study were male (51.9%) 97, nurses (71.6%) 134, age group 26-35 years old (73.8%) 138, married. (69%) 129 and the status of personal housing was (67.4)127. (Table 1)

In this section, the results showed that most people have zero to five years of work experience in medical centers (56.7%) 106, zero to five years of work experience in emergency rooms (76.5%) 143, rotating work shifts (94.1%) 174 and There were 185 who did not complete education (85%). (Table 2)

In another part of the results, the number of times of encountering violence from one to three times (27.3%)51, the time of encountering violence from zero to the last 3 months (71.65%)134, the person expressing violence from the patient's family (%69),129 Low violence (%63.1) 118, self-confidence in managing aggressive behavior was moderate (%114) 61 and attitude towards safety (65.2) 122 was moderate (Table 3).

Also, there is a significant relationship between the age group with their understanding of violence (P=0.001) and with their self-confidence in managing aggressive behavior

(P=0.170) and their attitude towards safety and accountability and security in the workplace in the face of aggression had no significant relationship (P=0.206). And there is a significant relationship between gender and their understanding of violence (P=0.001), their self-confidence in managing aggressive behavior (P=0.001) and their attitude towards safety and accountability and security in the workplace (P=0.001). There was. In terms of the relationship between work experience in emergency departments and people's understanding of violence (P=0.001), people's self-confidence in facing aggression (P=0.001) and employees' attitude towards safety and responsiveness and security in the workplace in the face of there was a significant relationship with aggression (P=0.001).

In terms of the relationship between the housing status of employees as an indicator of their financial status and the self-confidence of these people in the face of aggression, there was a significant relationship. (P=0.001), in the study, there is a significant relationship between the completion of training programs to manage violence in the workplace with the level of understanding of violence by people (P=0.001) and the level of self-confidence of employees in the face of violence (P=0.001) and with the score of attitudes towards safety and accountability. And there was no significant relationship between security in the workplace and aggression. (P=0.35)

**Table 1. Demographic characteristics of the participants in the study**

| Variable | Subgroup | Frequency | Percentage |
|---|---|---|---|
| **Gender** | Female | 90 | 48.1 |
| | Man | 97 | 51.2 |
| **Side** | Resident | 40 | 21.4 |
| | Nurse | 134 | 71.6 |
| | Doctor | 13 | 7 |
| **Age category** | 26-35 | 138 | 73.8 |
| | 36-45 | 29 | 15.5 |
| | 46-60 | 20 | 10.7 |
| **Marital status** | Single | 58 | 31 |
| | Married | 129 | 69 |
| **Housing situation** | Personal | 126 | 67.4 |
| | Rental | 61 | 32.6 |

**Table 2. Hospital characteristics of people participating in the study**

| Variable | subgroup | Frequency | Percentage |
|---|---|---|---|
| **Work experience in medical centers (by year)** | **0-5** | 106 | 56.7 |
| | **6-10** | 45 | 24.1 |
| | **11-15** | 17 | 9.1 |
| | **16-20** | 7 | 3.7 |
| | **>20** | 12 | 6.4 |
| **Experience working in the emergency room (by year)** | **0-5** | 143 | 76.5 |
| | **6-10** | 23 | 12.3 |
| | **11-15** | 16 | 8.6 |
| | **16-20** | 5 | 2.7 |
| **Shift work** | **circulating** | 176 | 94.1 |
| | **only at night** | 7 | 3.7 |
| | **only in the morning** | 4 | 1.2 |
| **training course** | **have passed** | 28 | 15 |
| | **have not passed** | 159 | 85 |

**Table 3. Characteristics of exposure to violence of the population participating in the study**

| Variable | subgroup | Frequency | Percentage |
|---|---|---|---|
| **Number of times of exposure to violence** | 1 to 3 turns | 51 | 27.3 |
| | 4 to 6 turns | 28 | 15 |
| | 7 to 12 turns | 20 | 10.7 |
| | 13 to 15 turns | 4 | 2.1 |
| | More than 15 turns | 84 | 44.9 |
| **Time to face violence** | 0 to the last 3 months | 134 | 71.65 |
| | Last 4 to 6 months | 40 | 21.4 |
| | Last 7 to 11 months | 6 | 3.2 |
| | 1 to 5 recent years | 7 | 3.7 |
| **A person expressing violence** | sick friends | 28 | 15 |
| | sick family | 129 | 69 |
| | The patient himself | 30 | 16 |
| **Understanding of violence** | Low | 118 | 63.1 |
| | medium | 66 | 35.3 |
| | Much | 3 | 1.6 |
| **Self-confidence in managing aggressive behavior** | Low | 11 | 5.9 |
| | medium | 114 | 61 |

| | | | |
|---|---|---|---|
| | Much | 58 | 31 |
| | very much | 4 | 2.1 |
| | Low | 4 | 2.1 |
| **Attitude towards safety** | medium | 122 | 65.2 |
| | Much | 61 | 32.6 |

## Discussion

Although the emergency department is known as a potential center for violence, the main reason for the prevalence of violence in these departments is unknown, because these cases are usually not reported.[12,15,16] One of the other problems of this type of research is the comprehensive attitude that only looks at this issue from the patient's point of view. This one-sided view has been formed in many minds as an emphasis on the rights of the patient versus the rights of the medical staff (in terms of security). It is clear that both employees and patients and patients' relatives have the right to communicate with other people without facing unnecessary violence in the environment and to take legal action in the event of any violence.

As a result of this study, the gender of emergency department employees and work history in the emergency department with all three areas of understanding of violence, self-confidence in managing aggressive behavior and attitude towards safety and responsiveness and security in the workplace in the face of aggression, the relationship of meaning you had The age group of the emergency department staff had a significant difference only in the individual's perception of violence, in such a way that younger age group had lower scores in the perception of violence section. The housing situation of employees, which can be considered as a symbol of people's financial situation, had a significant relationship with their self-confidence in managing aggressive behavior, and finally, passing the training program for managing violence in the workplace, with the areas of understanding violence. And self-confidence had a significant relationship in managing aggressive behavior.

In the studies conducted by Hoshiari Khah et al.[17] in 2013 at Abadan university of medical sciences, the authors investigated the effect of a written educational program on the level of self-confidence of nurses in dealing with violence in the emergency department. And they concluded that the level of self-confidence of nurses in the intervention group (or under training) was significantly increased in the management of violent events. This finding was in line with the present study, during which it was determined that people who have completed violence management training courses show higher self-confidence in managing aggressive behavior. However, in a study by Donna Cahill,[18] who measured the effect of the ACT-SMART educational program on the level of self-confidence of nurses in the field of violence management, This relationship was not explained and therefore it was in conflict with the results of the present study and the study of Hoshiarikhah et al. Differences in the criteria and items and educational goals in the educational programs of different studies, employees and staff positions under investigation and different sample size can be seen as the reason for the difference in the results obtained in different studies.

In another study conducted by Mushtaq Eshgh et al.[19], the authors investigated cases of violence against nurses in the emergency departments of affiliated hospitals of Tehran university of medical sciences. They concluded that there is a statistically significant correlation between the gender of female nurses and physical violence. Chen et al.[20] also stated in their study that the gender of female nurses is one of the main risk factors in the occurrence of violence. In Hamadan's study,[21] more women than men experienced all kinds of violence, these findings were in contrast with the findings of the present study that the patient's female gender was associated with a lower level of perception and exposure to violence by patients and their companions. This finding was consistent with the findings of the study by Zahang[22] et al., Gacki et al.[23] who showed that male nurses had experienced more violence than female nurses. The lower number of female employees compared to male employees of the emergency department in the present study can be considered as the reason for obtaining such results. However, other reasons such as the higher ability and tolerance of female employees in the face of violence can also be considered as the causes of this issue. However, on the contrary, in the face of violence, female employees showed lower self-confidence scores than their male counterparts, which shows the need for more and more stable training in this group of employees.

On the other hand, another point that was noticed for the first time in this study is the effect of people's work history on their understanding of violence and the level of self-confidence in facing similar situations and their attitude towards safety, accountability and security in the work environment was faced with aggression. According to the results, people with less work experience had higher self-confidence in the face of violence and had higher attitude scores towards safety and responsiveness in the face of aggression. The process of eroding activity in emergency environments and the lower tolerance of people due to the increasing history of activity and consequently the age of employees can be considered as the reasons for achieving such results.

One of the strong points of this study was the lack of conducting such a study on the personnel working in medical education centers in Urmia, and one of the limitations of this study was the weak cooperation of the personnel to collect information, and as much as possible, the necessary explanations regarding such projects were given to the participants. It is suggested that due to the high level of violence against personnel, in order to promote the physical and mental health of nurses and patients, to create peace, motivation and enthusiasm of medical staff, to optimize the work environment, to increase human resources, to provide the necessary facilities and facilities. On the other hand, teaching strategies to deal with violent behavior, providing a safe work environment, creating a training program for personnel to deal with aggressive patients, teaching anger management methods and encouraging personnel to report cases of violence. Also, the correct and accurate reporting of violence and on the other hand, increasing the knowledge, attitude and skills of employees to manage violent events is mandatory.

## Conclusion

Considering the frequent exposure of emergency personnel to violence in the work environment, it is suggested by the patient and his companions in emergency departments. By

giving training or instructions on how to deal with violence, improving laws and regulations, paying more attention to this issue and using mass media to educate the public and improve the culture of communication with hospital employees, an effective step should be taken in reducing this problem neglected by the system.

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## Conflict of Interest

The authors declare that they have no conflict of interest.

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