University of Basra

Collage of nursing

psychological impact of Violence on the Nurses working in the intensive Care unit and emergency department in the general .Hospitals of Al-Basra City

A research

University of Was submitted to the council of the College of Nursing at the Basrah in partial fulfillment of the requirements for the degree of baccalaureate in nursing science

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

[يَرْفَعِ اللَّهُ الَّذِينَ آمَنُوا مِنْكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ وَاللَّهُ بِمَا تَعْمَلُونَ خَبِيرٌ]

[المجادلة: 11]

صدق الله العلي العظيم

الأهداء

نهدي هذا البحث الى من قال الحق تعالى فيهما :

[وَقُل رَّبِّ ارْحَمْهُمَا كَمَا رَبَّيَانِي صَغِيرًا]

الى الاميرة أمي

وقد ورِّثتُ في جوفِها

كيف اكون انساناً

قبل أن أصرخ صرختي الاولى

في هذا العالم

وألى الطيب والدي

وقد رُبِيتُ في كَنفهِ

كيف اكون صادقا

قبل ان اخطو خطوتي الأولى

في طريق الحياة ...

والى كلُ يدٍ

صافحتها يوماً عن ظهرِ قلب !

Supervisor's support

I certify that this project of research

" psychological impact of Violence on the Nurses working in the ICU and emergency department in the general Hospitals of Al-Basra City "

,Was prepared under my supervision at the college of nursing

University of Basra as partial fulfillment of the requirements for

The degree of baccalaureate in the nursing science

Dr. Sajjad salim issa

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Acknowledgment

We would like to express our thank and gratitude at first to Allah then we would like to express thank to our supervisor

Abstract

Background: Healthcare workplace violence has been a focused issue in the whole world. The rate of the occurrence is high in every country. The emergency room is a high risk and high frequency place for violence to occur.

Aim : to assess the psychological impact of violence to nurse work in ICU and emergency unit in Basra teaching hospitals.

Methodology : A descriptive cross-sectional study design which was carried out in Basra general hospital involving (127) nurses (male and female in Basra hospitals).started from December1st 2021up to30 March 2022 in order to study psychological impact of Violence on the Nurses working in the ICU and emergency department in the general Hospitals of Al-Basra City .A Closed-end questions questionnaire was used for the purpose of data collection . The questionnaire contains four parts, the first part was related to Socio-demographic characteristics of the nurses .The second part of the questionnaire is concerned the level of violence. third part is related to psychological impact of violence and fourth part is related to the causes of violence . Standardized 2- points Likert scale including : YES , or , NO was used for the purpose of the study.

Results: Demographic features: 56% were females ,83% aged between 20 – 29 years, 51% married, 50% university nurse, 80% at emergency units. the overall assessment of violence were at medium level ,the study found low level of psychological impact of violence on nurses , there were no significant associations between violence and demographic features except for years of experience, were we found that there were significant association between them and as the years of experience increases the violence will be low.

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List of abbreviation	
ILO	International labor organization
WHO	**World Health Organization**
ICN	International Clinical of Nurses
PSI	Public Services International
ICU	Intensive Care Unit
OSHA	Occupational Safety and Health Administration
AMA	American Management Association
EM	Emergency Department

" chapter one "

Introduction

1-1 Introduction

1-2 The important of study

1-3 The aim of study

1-1 Introduction

Workplace violence has been a much researched and serious issue in the whole world. Healthcare organizations have been high frequency sites and it is especially common in the emergency room (1,2,3,4). Workplace violence toward nurses is twice higher than toward the doctors and the other medical staff. They suffered beating 2.26 times more than the others (5,6) The International Labor Organization (ILO), World Health Organization (WHO), International Council of Nurses (ICN) and Public Services International (PSI), defined mutually, in 2002, the definition of workplace violence as, "Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health," including physical violence and psychological violence (5).

Emergency department provide very important services for the life threatening conditions and the number of the patients using emergency department is increasing every day and it is a place where health staff should do the most accurate action in less time(7). Their presence in stressful situations exposes them to more abuse or harsh behavior from patients or their companions than other hospital staff(8). Patients and their relatives in response to stress as caused by accidents or illness might use violence against health personnel and a number of official reports, media, stories and international initiatives have focused attention on the problem worldwide(9). High rate of victimization among nursing staff considered as an important reason for losses from the workforce and an inability to attract new staff (10,11). The facilities with the highest risk of abuse were the psychiatric and emergency departments(12).

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 (13). addition Tension-making nature of caring patients with severe situation in ICUs, professional nature

of cares, hierarchical structure of care group, lack of nurses in comparison to world standards, isolated environment of these units, connection with patients' families who are under severe tension, stress and mental and behavioral disorder caused by stress making conditions and death panic of their beloved ones have made a potential ground for outbreak of different kinds of workplace violence in intense care units (14).

Violence may take place anywhere in the hospital and according to a report from United States' Occupational

Safety and Health Administration (OSHA) in 2004 it is more prevalent in psychological and behavioral departments, emergency unit, waiting rooms, the elderly unit and long time care facilities. However, recently violent behaviors have been seen and are increasing in adult, neonatal and pediatric intense care units (15,16).

1-2 Important of study

Effect of workplace violence is one of the most important reasons for leaving the nursing profession so this study determine the relationship between levels of workplace violence and levels of psychological health of nurses.

1-3 Aim of study

assess the psychological impact of violence to nurse work in ICU and emergency unit in Basra teaching hospitals.

Keywords:

Emergency department Intensive care unite ‹Work place‹ Violence.

Definition of term :

Emergency department: The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care.

Intensive care unit: provides the critical care and life support for acutely ill and injured patients.

Work place: location where someone works for their employer or themselves, a place of employment.

Violence: use of physical force so as to injure, abuse, damage, or destroy.

" Chapter two "

Review of literature

2-1 Difintion of violence

2-2 Violence process

2-3 Type of violence

2-4 cause of violence

2-5 Negative effect of unresolved violence

2-6 Way of adressing violence

2-6-1 optimal goal of addressing violence

2-6-2 Basic way of addressing violence

2-1 Difintion of violence

a state of dis-harmony between incompatible or antithetical persons, ideas, or interests; a clash. A disagreement between individuals who perceive a threat to their needs, interests, and or concerns(17)

2-2 violence process

first stage in the process implies the existence of antecedent condition s, such as short staffing and other variables that make violence possible.(18)

the second stage, perceived violence or it substantive violence which is intellectualized and often involves issues and roles. It is recognized logically and impersonally by the person as occurring. Sometimes violence can be resolved at t his stage before it is internalized or felt.

The third stage, felt violence, occurs when the violence is emotionalized. Felt emotions include hostility, fear, mistrust, and anger. It is also called affective violence.

the fourth stage, manifest violence, otherwise known as overt violence, action is taken. The action may be to withdraw, compete, debate, or seek violence resolution.(19)

The final stage is violence aftermath The aftermath may be more significant than the original violence if the violence h as not been handled constructively. There is always violence aftermath ,positive or negative.

 If the violence is managed well, people involved will believe their position was given a fair hearing. If the violence is managed poorly the violence issues frequently remain and ma y return later to cause more violence.(20)

2.3 Types of Violence

Some of the common violence's encountered in nursing includes:

a. Organizational violence

b. Interpersonal Violence

c. Intrapersonal violence

d. Intersender violence. (21)

2.4 cause of Violence

- Ineffective organizational systems
- unpredictable policies
- incompatible goals
- scarce resources and Poor communication can all contribute to violence among different parties in the workplace including the hospital settings.(22)

2.5 Negative effect of unresolved violence

- ❖ loss of productivity
- ❖ passive aggressive behaviors
- ❖ distractions
- ❖ increased stress
- ❖ employee dissatisfaction
- ❖ absenteeism
- ❖ job turnover
- ❖ litigation

2.6 Ways of addressing violences

"Nurses must possess effective violence resolution skills to be able to function successfully in the evolving health care system ".
According to Baker, 1998.

On an individual level, violence resolution is important for personal achievement.
On the organizational level, it is important for the bottom line and overall success.

Based on a study by the American Management Association(AMA), it was found that nursing managers now spend an average of 20% of their time dealing with violence and that violence management skills are rated as being equally or slightly more important than planning, communication, motivation, and decision making (Mc Elhaney, 2006).(23)

2.6-1 Optimal goal of addressing violence

The optimal goal of addressing violence is to create a win-win solution for all involved.

the leader recognizes which violence management or resolution strategy is most appropriate for each situation.

The choice of the most appropriate strategy depends on many variables, such as :

- ☒ the situation itself
- ☒ the time urgency needed make the decision
- ☒ the power and status to of the players
- ☒ the importance of the issue and the maturity of the people involved .(24)

2.6-2 Basic way of addressing violence

Five basic ways of addressing violences as suggested by Thomas and Kilman in 1976 are as follows (25):

A. Accommodation
B. Avoidance
C. Collaboration
D. Compromise
E. Competition

A. Accommodation

Surrender one's own needs and wishes to accommodate the other party. It is the opposite of competing. In accommodation, one party sacrifices his or her belief and wants to allow the other party to win. The actual problem is not solved in this win-lose situation. The cooperating/accommodating often collects I-owe-You from the other part y that can be used at a later date.

B. Avoidance

In this strategy, the parties involved are aware of a violence but choose not to ac knowledge it attempt to resolve it. Avoidance may be indicated or in trivial disagreements, when :

*the cost of dealing with the violence exceeds the benefits of solving it

*when one party is more powerful than the other

*when the problem should be solved by people than you

*and when the problem will solve itself.

The greatest problem of using avoidance is that the violence remains, often only to reemerge at later time in an even more exaggerated fashion.(26)

C. Collaboration

is assertive and cooperative means of violence resolution an that result in a win-win solution. In collaboration all parties set aside their original goals and work together to establish a common goal. In doing so, all parties accept mutual responsibility for reaching the common goal .

True collaboration requires:

-mutual respect

-open and honest communication

-and equitable, shared decision-making power. (27)

D. Compromise

compromising, each party gives up something it wants. Although many see compromise as an optimum resolution strategy, antagonistic cooperation may result in a lose- lose situation because either or both parties perceive they have given up more than the other and may, therefore, feel defeated.

For compromise not to result in lose-lose situation, both parties must be willing to give up something of equal value.

It is important that parties in violence not adopt compromise prematurely if collaboration could be feasible.

E. Competition

this approach is used when one party pursues what it wants at the expense of the others. Because only one party wins, the competing party seeks the win regardless of the cost to others.

Booth(1993) refers to this type of resolution as "forcing" because it imposes one's preference on another. Win-lose violence resolution strategies leave the loser angry, frustrated, and wanting to get even in the future. (28)

" Chapter three "

Methodology

3-1 Setting of the project

3-2 Sample of the study

3-4 Project in instruments

3-5 Statistical data analysis

3-6 Rating and scoring of the study of questionnaire

3-7 Questionnaire score

3-8 Descriptive and inferential Data Analysis

Methodology

3.1 Design of the study

A descriptive cross-sectional study design which was carried out in Basra general hospital (Al-Basra Teaching hospital and Al- sader Teaching hospital) and Al- faihaa teaching hospital and Al- Moany teaching hospital) involving (127) nurses (male and female in Basra hospitals).started from December1st 2021up to30 March 2022 in order to study psychological impact of Violence on the Nurses working in the ICU and emergency department in the general Hospitals of Al-Basra City

3.2 Setting of the project

The present study carried out in four hospital

Al-Basra Teaching hospital and Al- sader Teaching hospital) and Al- faihaa teaching hospital and Al- Moany teaching hospital in the ICU and Emergency department.

3.3 Sample of the study

A convenient sample which consisted of (127) nurses who works at ICU and emergency of teaching hospitals in Al-Basra city.

3.4   project in instruments:

A Closed-end questions questionnaire was used for the purpose of data collection . The questionnaire contains four parts, the first part consists of 6 items related to Socio-demographic characteristics of the nurses and include: age, gender, working wards , the educational levels , years of employment and marital status . The second part of the questionnaire consists of 17 questions that are concerned the level of violence. third part consist of 13 questions related to psychological impact of violence and fourth part consist of 6 questions related to the causes of violence . Standardized 2- points Likert scale including : YES , or , NO was used for the purpose of the study . the already performed questionnaire forma was distributed to 127 nurses were they read the forma and answer them , the forma then collected by the researchers , each forma was scored according to the right typical answer .

3.5   statistical data analysis

Analysis was made by using SPSS (Statistical package for Social Sciences)26

3.7 Descriptive and inferential Data Analysis

1- Percentage (%)

2- Arithmetic mean

3- Standard deviation (Sd)

4- chi square (X^2)

3.6   Rating and scoring of the study of questionnaire:

We use three (3) points Likert Scale which ranged from up to (1), as shown in the next.

Table 3.1 : three (3) points Likert Scale			
Evaluation			
Likert Scale	Interval	Difference	Evaluation
1	0 – 0.33	0.33	Low
2	0.34 – 0.67	0.33	Medium
3	0.68 – 1	0.33	High

The table showed the three levels of Likert scale , were it divided to low , medium and high levels .

3.7   Questionnaire score

Study questionnaire includes four parts they are demographic information, violence level, psychological effect & causes of violence

Table 3.2 : Questionnaire 'score			
Questionnaire 'parts	Number of questions	Max. Score per question	Min. Score per question
violence level	17	1	0
psychological effect	13	1	0
causes of violence	6	1	0
Total	36	1	0

The forma questionnaire had three types , first are the 17 question about the violence levels , second 13 questions psychological effect and 6 questions is about causes of violence .

3.8 Descriptive and inferential Data Analysis

1- Percentage (%)

2- Arithmetic mean

3- Standard deviation (Sd)

4- chi square (X^2)

" Chapter four "

Result

4-1 Distribution of the Variables Related Demographic Characteristics N=127 nursing staff.

4-2 Results the Evaluation of Questionnaire 'parts (violence level, psychological effect & causes of violence) for Nursing staff, N= 127

4-3 the Overall assessment results for violence against nursing staff, N= 127

4-4 The relationship of violence against nurses with demographic factors

4-1 Distribution of the Variables Related Demographic Characteristics N= 127 educational staff

Table 4.1.1 : descriptive statistics of Demographic Variables			
Demographic Variables	**Variables Classes**	**F**	**Percent**
Sex	Male	55	43 %
	Female	72	57 %
	Total	127	100 %
Age	20 – 29	106	83 %
	30 – 39	15	12 %
	40 – and above	6	5 %
	Total	127	100 %
Marital status	Married	65	51 %
	Single	62	49 %
	Total	127	100 %
Education level	Secondary school	35	28 %
	Diploma	28	22 %
	College	64	50 %
	Total	127	100 %
Ward	Emergency	53.5	80 %
	ICU	46.5	20 %
	Total	127	100 %
Experience	1 – 5	100	79 %
	6 – 10	18	14 %
	more than 10	9	7 %
	Total	127	100 %

The table showed the demographic features for the studied sample.

43% were males and 57% were females . 83% were at age interval (20-29), 12% at age interval(30-39) and 5% at age interval 40 and above . 51% 0f the sample were married and 49% unmarried. Regarding the educational level , 28% had secondary school education , 22% had diploma , and 50% had college level . the working place for the nurses : 80% in the emergency units and 20% in the ICU .

4-2 Results the Evaluation of Questionnaire 'parts (violence level, psychological effect & causes of violence) for Nursing staff, N= 127

Table 4.2.1 mean score and evaluation to domain of violence level						
Second domain	N	Min	Max	Ms	Sd.	Eval.
violence level	127	0.00	0.65	0.38	0.131	Medium

Ms = mean score
The table showed that overall level of violence was medium.

Table 4.2.2: Mean score, frequency and percent			
Evaluation of violence level			
Evaluation	Mean score	Frequency	Percent
Low	0 – 0.33	20	16 %
Medium	0.34 – 0.67	107	84 %
High	0.68 – 1	0	0 %
Total		127	100 %

The table showed the levels of violence , the medium level were 84% and the low level were 16 %

Figure 4.2.2 Evaluation of violence level

Table 4.2.3 mean score and evaluation to domain of psychological effect						
Third domain	N	Min	Max	Ms	Sd	Eval.
psychological effect	127	0.00	1	0.22	0.235	Low

The table showed the evaluation of psychological effect of violence on nurses which was low .

Table 4.2.4: Mean score, frequency and percent			
Evaluation of psychological effect			
Evaluation	Mean score	Frequency	Percent
Low	0 – 0.33	95	75 %
Medium	0.34 – 0.67	26	20 %
High	0.68 – 1	6	5 %
Total		127	100 %

18

The table showed that 75% of the sample were not affected psychologically by the violence
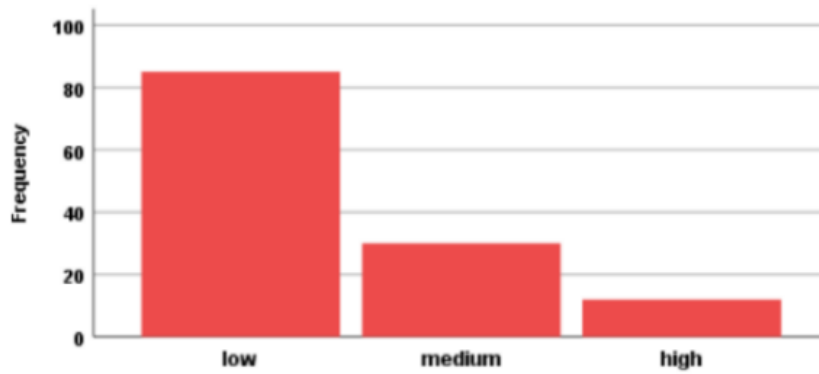
Table 4.2.5: frequency and percent of effects of violence on nurses		
Cause	Frequency	%
Stress	61	17
Anger	41	11
Disappointment	34	9
Fear	19	5
Diminished life quality	25	6
Depressive symptoms	29	8
Guilt	16	4
Job dissatisfaction	50	14
Wish of work place	13	4
Performance	8	2
Lose of self esteem	13	4
Diminished will to take care of patient	19	5
Lose of professional confidence	34	6
	362	

The table showed the effects of the violence on the nurses ,were 17% suffer from stress as effect of violence , 11% became anger , 9% were disappointed , 5% were feeling fear , 6% were violence affect dimension of life quality , 8% had depression symptoms , 14% were had job dissatisfactions.

| Table 4.2.6: frequency and percent		
Cause	Frequency	%
Long waiting time for receiving service	43	15
Increase number of attendants	77	28
Alcohol or substance abuse from pt \ pts relatives and friends	31	11
Insufficient staff training on dealing with violence	35	13
Inappropriate rooms (eg . inadequate cleaning or number of rooms)	19	7
Cultural or lingual differences that lead to communication problems	73	26
	278	

The table showed that 15% of nurses were consider Long waiting time for receiving service is a cause for violence. 28% consider Increase number of attendants is a cause for violence .

Table 4.3.1 mean score and evaluation for violence against nurses						
Overall assessment						
Violence	**N**	**Min**	**Max**	**Ms**	**Sd**	**Eval.**

4

The table showed the level of violence against nurse which was medium

Table 4.3.2: Mean score, frequency and percent for violence			
Overall assessment			
Evaluation	Mean score	Frequency	Percent
Low	0 – 0.33	78	61.4
Medium	0.34 – 0.67	45	35.4
High	0.68 – 1	4	3.1
Total		127	100.0

	High	Medium	Low
■ Frequency	4	45	78
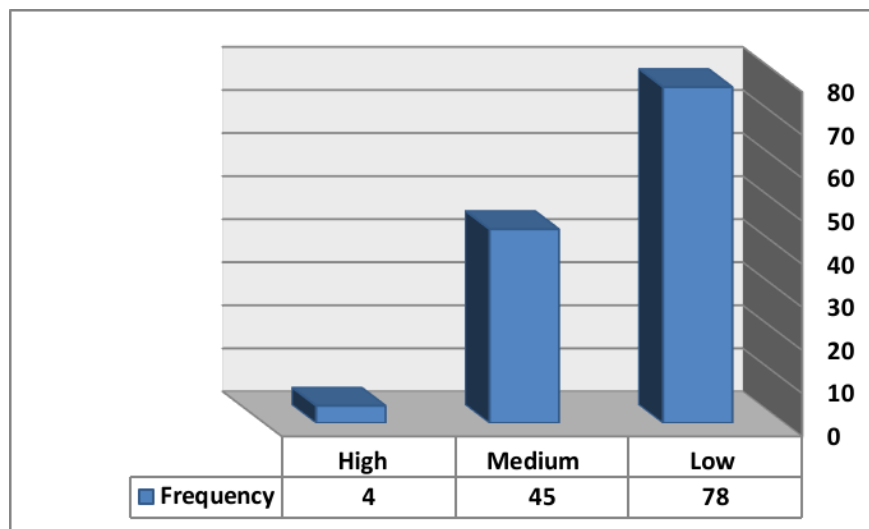
4-4 The relationship of violence against nurses with demographic factors

Table 4.4.1 The Relationship of violence levels with gender , N= 127							
Gender	violence levels			Total	Significant		
	Low	Medium	High		X^2	P – value	Sig.
Male	29	25	1	55	4.48	0.106	Ns
Female	49	20	3	72			
Total	78	45	4	127			

NS = Non-Significant

The table showed that there were no significant association between violence against nurses and their gender.

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Table 4.4.2 The Relationship of violence levels with Marital status , N= 127

Marital status	Violence levels			Total	Significant		
	Low	**Medium**	**High**		**X²**	**P – value**	**Sig.**
Single	38	26	1	65	2.07	0.35	Ns
Married	40	19	3	62			
Total	78	45	4	127			

NS = Non-Significant

The table showed that there were no significant association between violence against nurses and their marital status .
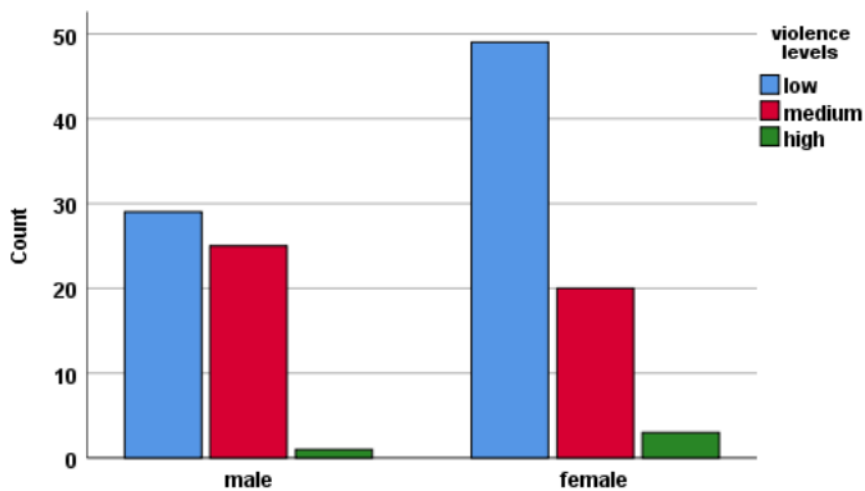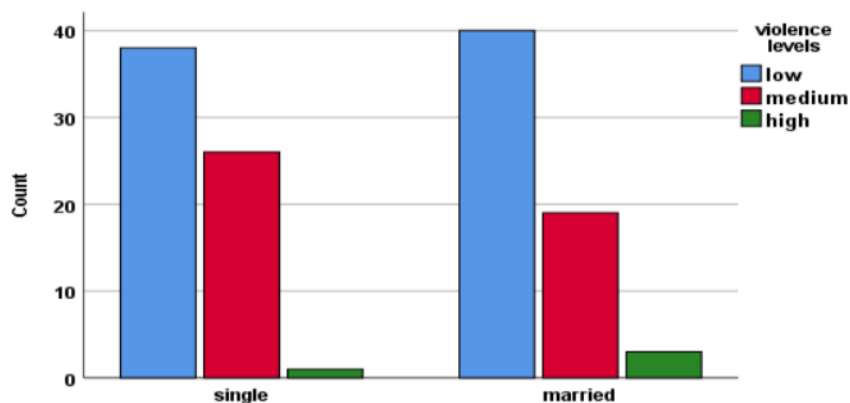
Table 4.4.3 The Relationship of violence levels with Education level, N= 127							
Education level	**Violence levels**			**Total**	**Significant**		
	low	**medium**	**high**		**X²**	**P – value**	**Sig.**
High school	23	11	1	35			
Diploma	13	13	2	28	4.49	0.34	Ns
College	42	21	1	64			
Total	78	45	4	127			

The table showed that there were no significant association between violence against nurses and their educational levels
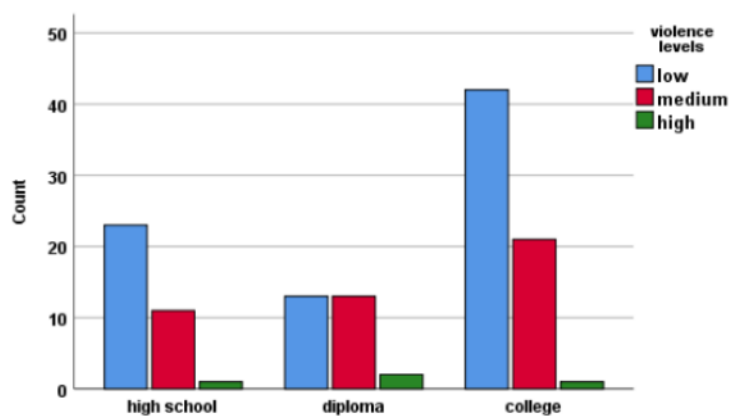

Table 4.4.4 The Relationship of violence levels with ward, N= 127							
ward	**Violence levels**			**Total**	**Significant**		
	Low	**Medium**	**High**		**X²**	**P – value**	**Sig.**
Emergency	38	29	1	68	4.19	0.12	Ns
ICU	40	16	3	59			
Total	78	45	4	127			

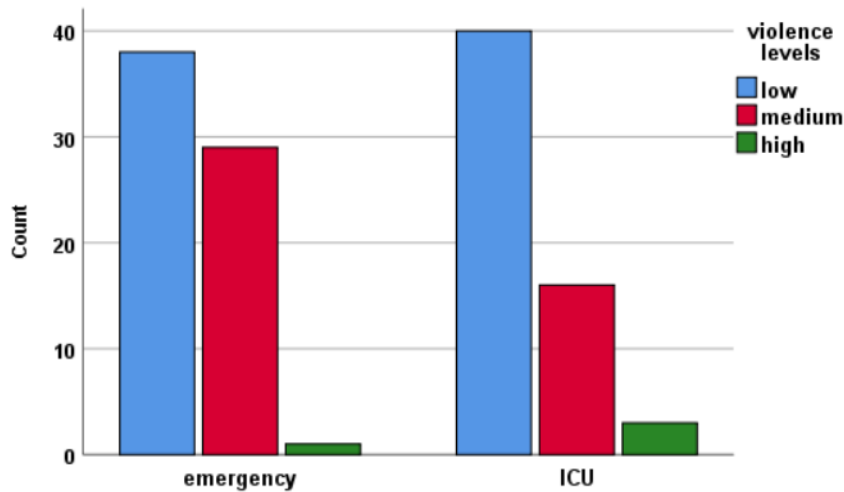The table showed that there were no significant association between violence against nurses and their working place.

Table 4.4.5 The Relationship of violence levels with Experience, N= 127

Experience	Violence levels			Total	Significant		
	Low	Medium	High		X^2	P – value	Sig.
1 – 5 year	66	30	4	100			
6 – 10 year	10	8	0	18	9.574	0.04	S
more than 10 year	2	7	0	9			
Total	78	45	4	127			

S = significant

The table showed that there were significant association between violence against nurses and their years of experience .
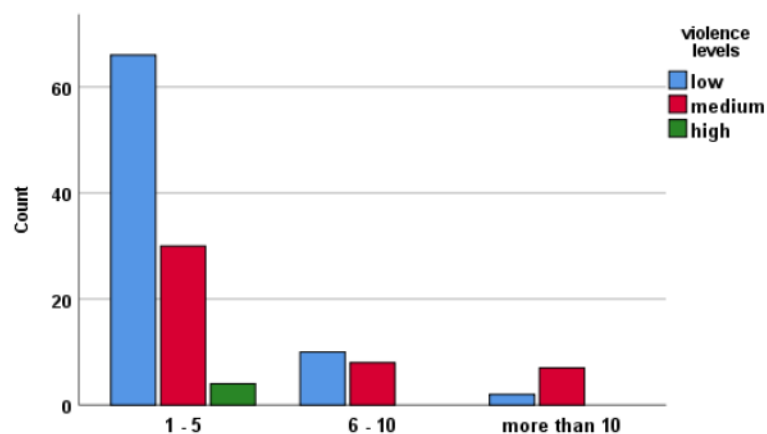
Table 4.4.6 The Relationship of violence levels with age, N= 127							
Age	violence levels			Total	Significant		
	Low	Medium	High		X^2	P – value	Sig.
20 – 30	70	32	4	106			
30 – 40	6	9	0	15	8.081	0.08	Ns
40 – 50	2	4	0	6			
Total	78	45	4	127			

NS = Non-Significant

The table showed that there were no significant association between violence against nurses and their age.
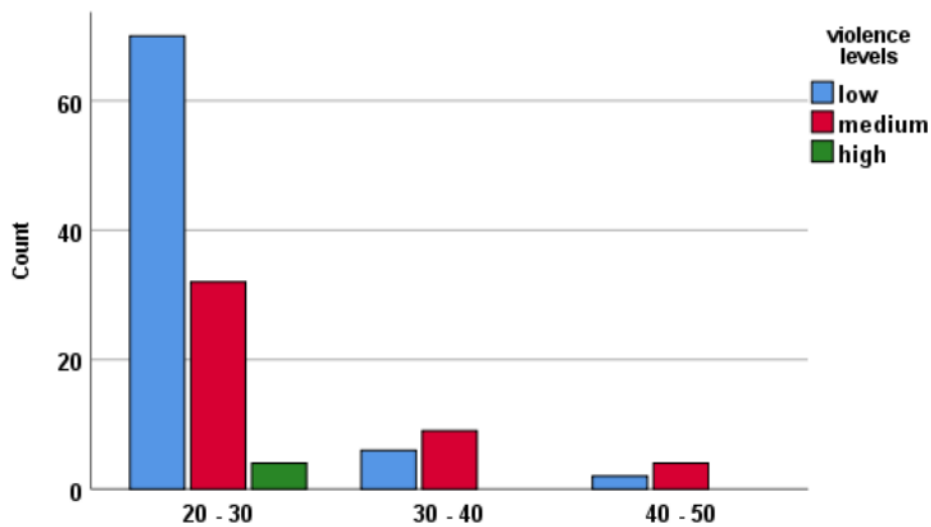
" Chapter five "

Discussion

Nurses workplace violence has been a focused issue in the whole world. The rate of the occurrence is high in every country. The emergency room is a high risk and high frequency place for violence to occur. Under the medical service demands from people, it is quite easy to bring about conflicts. This leads to serious physical and mental harm to nurses.

In the present study, 84% of participants had suffered medium workplace violence, which was more than what was found in to study done in medical center in northern Taiwan at 2021 were they found it as 57.6% **(29)**.our study is also similar to Palestinian study which show high percentage of violence **(30)**. Also our study similar to Taiwan study in that junior nurses suffered workplace violence more than senior nurses, because junior nurses were newly entering the field of nursing and the did not have enough experiences to face such conflicts . **(31)**.Other study done in Turkey showed There was significant correlation between working years in the emergency room and physical violence which is differ from our study **(32)**

A study done in China showed that Emergency nurses in China are at great risk of workplace violence **(33)** which is also similar to our study, and similar to study done in west and east Azerbaijan of Iran **(34)**.In a study done US , showed that Violence against ED nurses is highly prevalent **(35)** which is also similar to our study **.**

In a study done in Basrah by Samira M Ibrahim showed that the nurses in the emergency department underwent high level of violence (90.5%) which higher than our study to lesser extent **(36).**

" Chapter six "

6-1 Conclusion

6-2 Recommendation

6.1 conclusion :

1-Demgraphic features: 56% were females ,83% aged between 20 – 29 years, 51% married, 50% university nurse, 80% at emergency units.

2-the overall assessment of violence were at medium level

3-the study registered low level of psychological impact of violence on nurses

4-there were no significant associations between violence and demographic features except for years of experience, were we found that there were significant association between them and as the years of experience increases the violence will be low.

6.2 Recommendation

1-offering a save environment for the nurses in the emergency units by increasing the numbers guards.

2-put a list laws that save the nurses during work in the reception of emergency units

3-increase the numbers of nurses whom had more years of experience

4-Make workshops for different sector in the community to explain the nature of work that the nurses did.

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Appendices

Appendix (1)

أسم الخبير	الشهادة	التخصص	مكان العمل
قائمه الخبراء			
1- م.م افكار فاضل كريم	ماجستير	تمريض نفسية وعقلية	كلية التمريض
٢ـ أ.م. د. سميرة محمد ابراهيم	دكتوراء	طب مجتمع	كلية التمريض
٣ـ م.م. دعاء محمد باچي	ماجستير	تمريض نفسية وعقلية	كلية التمريض
٤ـ د. عادل علي حسين	دكتوراء	تمريض أطفال	كلية التمريض
٥ـ د. محفوظ فالح حسن	دكتوراء	فسيولوجيا	كلية التمريض
٦ـ د. هشام حسين عبد الرؤوف	دكتوراء	بورد اشعة تشخيصية	كلية التمريض
٧ـ د. فراس عبد القادر جاسم	دكتوراء	طب الاسرة	كلية التمريض

psychological impact of Violence on the Nurses working in the ICU and emergency department in the general Hospitals of Al-Basra City.

Assessment Questionnaire

First : Demographic information

| **Gender** | Male | Female |

| **Age** | | |

Education level
- Nursing secondary school
- Diploma
- Bachelor's

| **Marital status** | Single | Married | Divorced |

| **Work field** | ICU | Emergency |

Years of experience
- 1-5 years
- 6-10 years
- More 10 years

Second : level of violence

Have you ever been subjected to violence?	Yes	No
Was the source of the violence suffered by the patient's relatives?	Yes	No
Was the source of the violence suffered by the doctor?	Yes	No
Was the source of the violence suffered by the nurses ?	Yes	No
Was it the kind of violence that you experienced physical ?	Yes	No
Was it the kind of violence that you experienced verbal ?	Yes	No
Was it the kind of violence that you experienced psychological ?	Yes	No
Was it the kind of violence that you experienced sexual ?	Yes	No
Have you been subjected to violence during the daily shift ?	Yes	No
Have you been subjected to violence during the night shift ?	Yes	No
Have you experienced violence during the holidays?	Yes	No
Have you reported the violence to management?	Yes	No
What is the reason for not reporting?	not important	Fear of the consequences
What is their level of concern about violence in the workplace ?	bit worried	Very worried
Where did the violence take place?	Inside the workplace	Outside the workplace
Does violence cause health problems?	Yes	No
Has violence had a psychological effect on	Yes	No

Third : psychological impact \ Determine if you have one or more cases

Stress	Yes	No
Anger	Yes	No
Disappointment	Yes	No
Fear	Yes	No
Diminished life quality	Yes	No
Depressive symptoms	Yes	No
Guilt	Yes	No
Job dissatisfaction	Yes	No
Wish of work place	Yes	No
Performance	Yes	No
Lose of self esteem	Yes	No
Diminished will to take care of patient	Yes	No
Lose of professional confidence	Yes	No

Fourth : causes of violence

Long waiting time for receiving service	Yes	No
Increase number of auditors	Yes	No
Alcohol or substance abuse from pt \ pts relatives and friends	Yes	No
Insufficient staff training on dealing with violence	Yes	No
Inappropriate rooms (eg . inadequate cleaning or number of rooms)	Yes	No
Cultural or lingual differences that lead to communication problems	Yes	No

التأثير النفسي للعنف ع الممرضين والممرضات العاملين في وحدة العناية المركزة والطوارئ في مستشفيات البصرة التعليمية

اولا : المعلومات الديموغرافية

الجنس

أنثى	ذكر

العمر

مستوى التعليم

أعدادية

دبلوم

بكالوريوس

الحالة الاجتماعية

مطلق \ ة	متزوج / ة	أعزب / اء

الردهة

وحدة العناية المركزة	الطوارئ

سنوات العمل

١ ــ ٥ سنوات

٦ ــ ١٠ سنوات

اكثر من ١٠ سنوات

ثانيا : مستوى العنف

لا	نعم	
لا	نعم	هل سبق لك وان تعرضت للعنف
لا	نعم	هل كان مصدر العنف الذي تعرضت له اقرباء المريض
لا	نعم	هل كان مصدر العنف الذي تعرضت له الاطباء
لا	نعم	هل كان مصدر العنف الذي تعرضت له الممرضين
لا	نعم	هل كان نوع العنف الذي تعرضت له جسدي
لا	نعم	هل كان نوع العنف الذي تعرضت له لفظي
لا	نعم	هل كان نوع العنف الذي تعرضت له نفسي
لا	نعم	هل كان نوع العنف الذي تعرضت له جنسي
لا	نعم	هل تعرضت للعنف خلال الشفت اليومي
لا	نعم	هل تعرضت للعنف خلال الشفت الليلي
لا	نعم	هل تعرضت للعنف خلال الاجازات
لا	نعم	هل قمت بتقديم بلاغ عن العنف للإدارة
الخوف من العواقب	ليس مهما	ما هو سبب عدم الإبلاغ
قلق جدا	قلق قليلا	ما هو مستوى الشعور بالقلق حول العنف في مكان العمل
خارج مكان العمل	داخل مكان العمل	اين وقع حادث العنف
لا	نعم	هل سبب العنف مشاكل صحية
لا	نعم	هل احدث العنف تأثير نفسي عليك

لا	نعم	التوتر
لا	نعم	الغضب
لا	نعم	خيبة الامل
لا	نعم	الخوف
لا	نعم	تدني جودة العمل
لا	نعم	علامات الاكتئاب
لا	نعم	شعور بالذنب
لا	نعم	عدم الرضا الوظيفي
لا	نعم	تغيير مكان العمل
لا	نعم	الاداء،
لا	نعم	فقدان الثقة بالنفس
لا	نعم	ضعف الارادة لرعاية المرضى
لا	نعم	فقدان الثقة المهنية

رابعا : اسباب العنف

لا	نعم	فترة انتظار طويله لتلقي الخدمة
لا	نعم	زيادة عدد المراجعين
لا	نعم	تعاطي الكحول أو المخدرات من قبل المريض واقربائه
لا	نعم	عدم كفاية تدريب الموظفين للتعامل مع العنف
لا	نعم	عدم نظافة الغرف أو عدم كفاية الغرف
لا	نعم	الاختلافات الثقافية أو اللغوية تؤدي إلى مشاكل بالتواصل

التأثير النفسي للعنف ع الممرضين والممرضات العاملين في وحدة العناية المركزة والطوارئ في مستشفيات البصرة التعليمية

الملخص

الخلفية: كان العنف في مكان العمل في الرعاية الصحية قضية مركزة في العالم بأسره. معدل الحدوث مرتفع في كل بلد. تعد غرفة الطوارئ مكانًا عالي الخطورة وعالي التردد لحدوث العنف.

الهدف: تقييم الأثر النفسي للعنف على عمل التمريض في وحدة العناية المركزة والطوارئ في مستشفيات البصرة التعليمية.

المنهجية: تصميم دراسة مقطعية وصفية تم إجراؤها في مستشفى البصرة العام بمشاركة (127) ممرضًا (ذكورًا وإناثًا في مستشفيات البصرة) بدأت من 1 ديسمبر 2021 حتى 30 مارس 2022 لدراسة الأثر النفسي للعنف على الممرضات العاملات. في وحدة العناية المركزة وقسم الطوارئ في المستشفيات العامة في مدينة البصرة ، تم استخدام استبيان أسئلة مغلق لغرض جمع البيانات. يحتوي الاستبيان على أربعة أجزاء ، الجزء الأول يتعلق بالخصائص الاجتماعية والديموغرافية للممرضات ، أما الجزء الثاني من الاستبيان فيتعلق بمستوى العنف. ويتعلق الجزء الثالث بالأثر النفسي للعنف والجزء الرابع يتعلق بأسباب العنف. تم استخدام مقياس ليكرت القياسي المكون من 2 نقاط بما في ذلك: نعم أو لا لغرض الدراسة.

النتائج: الخصائص الديموغرافية: 56٪ إناث ، 83٪ تتراوح أعمارهم بين 20-29 سنة ، 51٪ متزوجين ، 50٪ ممرضة جامعية ، 80٪ في وحدات الطوارئ. كان التقييم العام للعنف على مستوى متوسط ، ووجدت الدراسة انخفاض مستوى التأثير النفسي للعنف على الممرضات ، ولم تكن هناك ارتباطات ذات دلالة إحصائية بين العنف والسمات الديموغرافية باستثناء سنوات الخبرة ، حيث وجدنا أن هناك ارتباطًا كبيرًا بينهما و كلما زادت سنوات الخبرة ، سيكون العنف منخفضًا.

خاتمة

1- السمات الديموغرافية: 56٪ إناث ، 83٪ تتراوح أعمارهم بين 20 - 29 سنة ، 51٪ متزوجين ، 50٪ ممرضة جامعية ، 80٪ في وحدات الطوارئ.

2-كان التقييم العام للعنف على مستوى متوسط

3-سجلت الدراسة مستوى منخفض من التأثير النفسي للعنف على الممرضات

4-لم تكن هناك ارتباطات ذات دلالة إحصائية بين العنف والسمات الديموغرافية باستثناء سنوات الخبرة ، حيث وجدنا أن هناك ارتباطًا معنويًا بينهما ، وكلما زادت سنوات الخبرة سيكون العنف منخفضًا.

توصيات

1-توفير بيئة موفرة للممرضات بوحدات الطوارئ من خلال زيادة أعداد الحراس.

2-وضع لائحة قوانين حفظ الممرضات أثناء العمل في إستقبال وحدات الطوارئ

3-زيادة اعداد الممرضين الذين لديهم سنوات خبرة اكثر

4-عمل ورش عمل لقطاعات مختلفة في المجتمع لشرح طبيعة العمل الذي تقوم به الممرضات.

جامعة البصرة

كلية التمريض

التأثير النفسي للعنف ع الممرضين والممرضات العاملين في وحدة العناية المركزة والطوارئ في مستشفيات البصرة التعليمية

مشروع بحث مقدم من قبل الطلبة

اسراء صبيح حسن

جمانة احمد مزعل

اشراف

دكتور

سجاد سالم عيسى

2022