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The Psychological Impact of Violence on Emergency Department and Intensive Care Unit Nurses: A Cross-Sectional Study

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Abstract: Background: Over the world, healthcare workplace violence has received a lot of attention. Every nation experiences a high rate of occurrence. Violence occurs often and at a high risk in the emergency department.

Objectives: to evaluate the psychological impact of violence on the work of intensive care unit and emergency department nurses.

Methodology: Using a descriptive cross-sectional study design, Al-Basrah Teaching Hospitals conducted research involving (127) nurses (male and female), and the study period started from October 1st 2022up to 30 July 2023 to investigate the psychological effects of violence on the nurses employed in four hospitals' intensive care unit and emergency room (Al-Basrah Teaching Hospital, Al-Sader Teaching Hospital, Al-Faihaa Teaching Hospital, and Al-Mawani Teaching Hospital). A Closed-end questions questionnaire was used for data collection. The questionnaire is divided into four sections. The first section dealt with the sociodemographic traits of the nurses. The degree of violence is the subject of the questionnaire's second section. Part three discusses the psychological effects of violence, while Part Four discusses the reasons why violence occurs. The study employed a standardized 2-point Likert scale with YES or NO options.

Results: The findings of the study showed that most of the nurses have a low level of psychological violence (75%), a moderate level of psychological violence (20%), and (5%) with high psychological violence. Also, the study showed the level of violence was moderate (84%), moderate-level violence (16%), whereas no high level of violence.

Conclusion: The study found that there was a moderate overall level of violence and a low degree of violence's psychological effects on nurses.

Recommendations: By adding more guards and posting a list of regulations that protect nurses while they work in emergency unit reception, it is possible to provide a safe working environment for nurses in those units.

Keywords: Psychological Impact, Violence, Nurses, Intensive Care Unit, Emergency.

Introduction

Worldwide, workplace violence has been extensively studied and is a severe problem. Emergency rooms have seen a high incidence of incidents involving healthcare institutions (1, 2, 3, 4). The rate of workplace violence directed toward nurses is double that of doctors and other medical professionals. Compared to the others, they were beaten 2.26 times more frequently (5,6). In 2002, Public Services International, the World Health Organization, the International Council of Nurses, and the International Labor Organization adopted mutual definitions of workplace violence. The definitions encompassed both physical and psychological abuse, along with instances where employees suffered

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from abuse, threats, or assaults in connection with their job, such as while commuting, and where their safety, well-being, or health was explicitly or implicitly threatened (5).

The number of patients visiting emergency departments is rising daily, and they offer vital treatments for life-threatening illnesses. As such, medical personnel should respond to these patients as quickly and accurately as possible (7). Compared to other hospital employees, they are more likely to experience abuse or harsh conduct from patients or their companions when they are in stressful situations (8). In reaction to stress brought on by illnesses or accidents, patients and their families may employ violence against medical staff; several government reports, media reports, news articles, and international initiatives have drawn attention to this issue globally (9). High victimization rates among nursing staff are seen to be a major factor in employee departures and a barrier to recruiting new employees (10,11). The emergency and psychiatric departments were the facilities most susceptible to abuse (12).

Among the most mistreated employees in the medical field are nurses, who frequently abuse one another, particularly patients, their families, friends, and other members of the medical community. Bullying, coercion, stalking, beatings, slicing, murdering, "and" other forms of attack are examples of this abuse (13). additionally, The insular environment of these units, the professional nature of care, the hierarchical structure of care groups, the tension-making nature of tending to patients in critical situations in ICUs, The relationship with families of the patients, who are dealing with severe stress, anxiety, and mental and behavioral disorders brought on by stressful situations and the fear of their loved ones' deaths, has created a potential breeding ground for a variety of workplace violence incidents in intensive care units (14).

According to a 2004 US Occupational Safety and Health Administration (OSHA) report, while violence can happen anywhere in a hospital, it is more likely in emergency rooms, waiting areas, senior units, psychiatric and behavioral departments, and long-term care institutions. However, adult, neonatal, and pediatric intensive care units are seeing an increase in aggressive behaviors as of late (15, 16).

Methodology

A descriptive cross-sectional study was designed in Al-Basrah Teaching Hospitals (Al-Basrah Teaching Hospital, Al-Sader Teaching Hospital, Al-Faihaa Teaching Hospital, and Al-Mawani Teaching Hospital). The study period started from October 1st 2022up to 30 July 2023 to study the psychological impact of violence on nurses in the intensive care units and emergency departments. A non-probability (purposive) sample consisted of (127) nurses. Data was gathered via a questionnaire with closed-ended questions. The questionnaire is divided into four sections. The first portion has six questions about the sociodemographic traits of the nurses, such as age, gender, working ward, years of employment, educational attainment, and marital status. There are seventeen items in the second section of the questionnaire that deal with the degree of violence. Thirteen questions address the psychological effects of violence in the third section, and six questions address the causes of violence in the fourth. For the study, a standardized 2-point Likert scale with yes and no was employed. The researchers gave the completed questionnaire forms to 127 nurses, who read and completed them. The forms were then gathered, and each form was graded based on the correct usual response. The arithmetic mean, chi-square (X^2), standard deviation (Sd), and percentage (%) were the components of the descriptive and inferential data analysis. The analysis was conducted using SPSS (Statistical Package for Social Sciences) version 26. Scoring of the answers as 1 for Yes, and 0 for No. level of psychological violence and the level of violence as shown according to a mean of score; Good = 0.68–1, Fair = 0.34 – 0.67, and Poor = 0–0.33 with cut-off-point = 0.33.

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Results

The results of the study show the demographic data of the nurses 57% were females. The age was 83% at the age interval (20-29), regarding marital status, 51% of the nurses were married. Regarding the education level, half of the sample 50% had a college level. Regarding the workplace, 80% are in the emergency department.

The findings of the study showed that most of the nurses have a low level of psychological violence (75%), a moderate level of psychological violence (20%), and (5%) with high psychological violence. Also, the study showed the level of violence was low (16%), moderate-level violence (84%), whereas no high level of violence.

The results of the current study showed that there was a significant association between violence against nurses with years of experience. The results of the current study showed that there was no significant association between violence against nurses with (age, gender, marital status, educational levels, and workplace).

Table (1) Demographic Variables

Demographic Variables			
Demographic characteristics	**Classes**	**Frequency**	**%**
Sex	Male	55	43 %
	Female	72	57 %
	Total	127	100 %
Age	20 – 29	106	83 %
	30 – 39	15	12 %
	40 and more	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 %

Table (2) The Psychological Impact of Violence

The Psychological Effect Level			
Level	**Mean score**	**Frequency**	**%**
Low	0 – 0.33	95	75 %
Moderate	0.34 – 0.67	26	20 %
High	0.68 – 1	6	5 %
Total		127	100 %

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Table (3) Causes of Violence

Causes	Frequency	%
Long waiting time for receiving services	43	0.15
Increase the number of auditors	77	0.28
Alcohol or substance abuse from patient \ patients relatives and friends	31	0.11
Insufficient staff training in dealing with violence	35	0.13
Inappropriate rooms (such as inadequate cleaning or number of rooms)	19	0.07
Cultural or lingual differences that lead to communication problems	73	0.26
	278	

Table (4) The levels of violence

Evaluation of violence level			
Level	**Mean score**	**Frequency**	**%**
Low	0 – 0.33	20	16 %
Moderate	0.34 – 0.67	107	84 %
High	0.68 – 1	0	0 %
Total		127	100 %

Table (5) The relationship of violence with their demographic characteristics

	Relationship between Nurses' demographic variables with violence							
	Category	violence levels			Total	Significant		
		Low	Moderate	High		X^2	P – value	Sig.
Gender	Male	29	25	1	55	4.48	0.106	Ns
	Female	49	20	3	72			
Marital Status	Single	38	26	1	65	2.07	0.35	Ns
	Married	40	19	3	62			
Education Level	High school	23	11	1	35	4.49	0.34	Ns
	Diploma	13	13	2	28			
	College	42	21	1	64			
Ward	Emergency	38	29	1	68	4.19	0.12	Ns
	ICU	40	16	3	59			
Years of Experience	1 – 5 years	66	30	4	100	9.574	0.04	S
	6 – 10 years	10	8	0	18			
	more than 10 years	2	7	0	9			
Age	20 – 30	70	32	4	106	8.081	0.08	Ns
	30 – 40	6	9	0	15			
	40 – 50	2	4	0	6			

Discussion

Worldwide attention has been focused on the issue of workplace violence against nurses. Every nation experiences a high rate of occurrence. Violence is more likely and occurs more frequently in emergency rooms. Conflicts are often created by the expectations that individuals make on medical services. Nurses suffer severe physical and emotional injuries as a result of this (13).

China has a comparatively higher rate of workplace violence against nurses (68.31%) than the global average (57.3%) and other nations including the US (3.9%), the UK (36%), and Ethiopia (29.9%). Violence against healthcare professionals may be more common in most countries due to the theory that the core cause of organized healthcare disruptions is a lack of trust in medical personnel (13).

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Patients become angry when they have poor treatment outcomes, have high expectations (14), and are subject to media demonization (15).

The risk of workplace violence was greater for nurses working in the emergency room than for those in the pediatrics department. Long wait periods and high-risk patients—such as those going through a mental health crisis or those who are intoxicated—were found to be triggers for aggressive tendencies in the emergency room (16). A key component of a nurse's daily job is empathy, which also significantly predicts positive clinical outcomes for patients (17), fewer medical disputes, and less distressing patient feelings (18).

In resource-poor environments, nurses must prioritize meeting patients' "basic needs" while managing heavy workloads. However, this may result in a communication breakdown, and certain patients' needs may not be satisfied. As a result, disgruntled patients can start using non-physical violence against nurses (19).

In this study, eighty-four percent of the nurses reported experiencing moderate workplace violence, which was higher than the 57.6% reported in a 2021 study conducted in a northern Taiwan medical center (1). Our results are also consistent with the high rate of violence reported in the Palestinian study (3). Furthermore, our study and Taiwan's studies are comparable in that more junior nurses than senior nurses experienced workplace violence (1). In contrast to our findings, another study conducted in Turkey found a strong association between years spent working in emergency rooms and instances of physical aggression (2).

According to a Chinese study (5), emergency nurses face a high risk of workplace violence. This finding is consistent with our research and that of studies conducted in Iran's west and east Azerbaijan (6). Similar to our analysis, a US study (4) revealed that violence against ED nurses is quite common. According to research conducted in Basrah by Samira M. Ibrahim, there was a high degree of aggression against the emergency department nurses (90.5%), which is somewhat higher than the findings of our study (7).

Conclusion

The majority of the nurses were married, university-trained women in their 20s and 30s who worked in emergency departments. The degree of violence was rated as moderate overall. The study found that violence has no psychological effect on nurses. Except for years of experience, where we identified a significant correlation between them and found that violence decreased with increasing years of experience, there was no significant relationship between the level of violence and demographic variables of the nurses.

Recommendations

Increasing the number of guards, posting a list of laws protecting nurses while they work in emergency rooms, hiring more experienced nurses, and organizing workshops for various community sectors to educate them about the nature of the work that nurses perform are all ways to provide a safe environment for the nurses working in these units.

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