Patient Safety & Quality Improvement Journal
http://psj.mums.ac.ir
PSQI

Violence in Al-Zahra Hospital from the Viewpoint of Administrative Support Staff: A Qualitative Study

Mahmoud Keyvanara[1] (PhD); Najmeh Bahmanziari[2]* (PhD); Mohammad Reza Maracy[3] (PhD)

[1.] Department of Health Care Management, School of Management and Medical Information, Isfahan University of Medical Sciences, Isfahan, Iran.
[2.] Department of Management and Health Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran.
[3.] Department of Epidemiology and Biostatistics, School of Public Health, Isfahan University of Medical Sciences, Isfahan, Iran.

ARTICLEINFO

Article type:
Original Article

Article history:
Received: 31-Mar-2015
Accepted: 21-Apr-2015

Keywords:
Hospital
Qualitative study
Staff
Violence

ABSTRACT

Introduction: Violence is associated with individuals' health and occupational safety and for many jobs, workplace violence represents a serious occupational hazard. Therefore, the aim of this study was to identify the reasons for violence from the viewpoint of hospital administrative support staff and to determine the steps necessary to eliminate or reduce this problem.

Materials and Methods: In this qualitative study, we employed semi-structured interviews and opinions of 10 authorities and administrative support staff of Al-Zahra University Hospital on violence and its risk factors. After transcribing the contents of the interviews, the data were reduced and structured using thematic analysis.

Results: Subjects' views on causes of violence in hospitals were classified into 40 sub-themes and 7 themes including: economic, social and structural factors, hospital problems, problems related to patients and their companions, difficulties arising from individual interactions and problems with staff.

Conclusion: Considering the high prevalence of violence in hospitals and its adverse effects on the societies, organizations and individuals, necessary measures must be taken to diminish the occurrence of this problem, some of which include: increasing insurance coverage, changing physical structure of hospitals to increase security, limiting the entrance of individuals, making administrative processes more transparent, culture-making about terms of visiting and patient companionship, holding workshops on violence and proper relationship with patients and families and using experienced staff to interact with clients.

► ***Please cite this paper as*:**
Keyvanara M, Bahmanziari N, Maracy MR. Violence in Al-Zahra Hospital from the Viewpoint of Administrative Support Staff: A Qualitative Study. Patient Saf Qual Improv. 2015; 3(4):281-285.

Introduction

Occupational violence, which is defined as an event or situation in which an individual is mistreated, threatened or attacked in his/her workplace or related conditions, is associated with health and occupational safety of people and is common in different cultures and races (1, 2). In many jobs, workplace violence represents a serious occupational hazard (3).

Recent studies on workplace violence in health sector have shown that almost a quarter of violent incidents occur in this sector and more than half of health care workers experience physical or psychological violence during their career at least once (4). This issue is considered a serious problem in the healthcare system (5) due to its multiple physical and psychological effects, i.e., physical injuries, migraine and tension headaches, anger, fear, depression, anxiety, guilt, loss of self-confidence and self-efficacy and potential adverse effects on the quality of patient care. It can also bring about disruption in individuals' life through loss of workdays, restricted activity, termination of employment, changing job and even death (6).

Therefore, workplace violence is a management issue, since it can turn work place into an unsafe and hostile environment which can in turn, lead to poor performance of employees, endanger professional

© 2014 *mums.ac.ir* All rights reserved.
***Corresponding Author:** Najmeh Bahman ziari, Department of Management and Health Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran. Email: Najmeh_bahmanziari@yahoo.com

relationships and reduce the quality of care given to patients (7).

Unfortunately, violence against workers in healthcare centers is increasing (8-9) and personnel of various units have been exposed to violence (10-14). According to the studies done in Iran, many of staff, particularly clinical staff, have experienced violence in hospitals.

The most frequently reported type of violence was verbal violence (1, 6, 15-23) and the least frequent types were ethnic and sexual violence (16, 17, 19, 23-24). In most studies, the main attackers were male companions and relatives of patients (2, 6, 16, 18-20, 22, 24-28).

Researchers believe that violence in hospitals is one of the major healthcare problems, which might be due to growing rate of violence in the society (17).

Economic, social and familial problems, frustration, illness relapses and aggressiveness are among the causative factors for aggression (29). According to some studies, staff of various units of hospitals have been exposed to violence for reasons including: dissatisfaction with treatment, long waiting times and consumption of drugs and alcohol (30-31).

In developing countries, violence against healthcare personnel has recently been considered in some studies.

However, due to lack of recording and reporting systems for such incidents in Iran, there is a scarcity of studies on this issue (15). Since lots of clients from different walks of life refer to Al-Zahra Super Specialty University Hospital during day, this study aimed to identify the reasons for workplace violence from the viewpoint of the administrative support staff of the hospital, who were exposed to violence from patients and their relatives, and to determine the steps necessary to eliminate or reduce this problem.

Materials and Methods

This qualitative study was conducted using thematic analysis method. In thematic analysis, the researchers analyzed and categorized the data into nine concepts and fundamental patterns of meaning (32). The participants were selected through purposive sampling.

We interviewed the authorities and administrative support staff of Al-Zahra Hospital, who had experienced violence by patients and companions, (these positions were at high risk of exposure to violence according to a previous study). Finally, due to lack of cooperation of some people and since data saturation was achieved in the last interview (repetition of experiences and knowledge), the number of respondents was limited to 10. The participants were working in security and police unit, social affairs, admission and medical records, administrative management and professional services, as well as income and complaints handling units.

The semi-structured interviews lasted 30-70 minutes. The interview questions were reviewed and controlled by experts in the field. Before conducting the interviews, purpose of the study, how to cooperate, methods of data collection, the researcher and the research participants and confidentiality of information (e.g., name, voice recordings and text) and the application of codes instead of names were explained to the participants, and then informed consent was obtained from the interviewees (33).

After transcribing the interviews, to analyze the data, the transcriptions were studied several times. Using thematic analysis, the codes of each interview were extracted and summarized. A total of 40 sub-themes and 7 themes were obtained. To ensure the validity and reliability of the data, the participants reviewed the data and extracted codes, and the codes which did not reflect the views of the participants were modified. Finally, texts of some interviews, as well as the extracted codes and themes were examined by several faculty members.

Results

Of 10 participants of this study, the majority were male (n=8) and working in the security and police unit.

Subjects' views on causes of violence in the hospital were classified into 7 themes and 40 sub-themes (Tables 1 and 2).

Discussion

As mentioned above, the present study aimed to investigate the contributing factors for violence in hospitals. According to the data, reasons for incidence of violence were classified into 7 major themes and 40 sub-themes, which are demonstrated in Figure 1 in three general categories of society, organization and individuals.

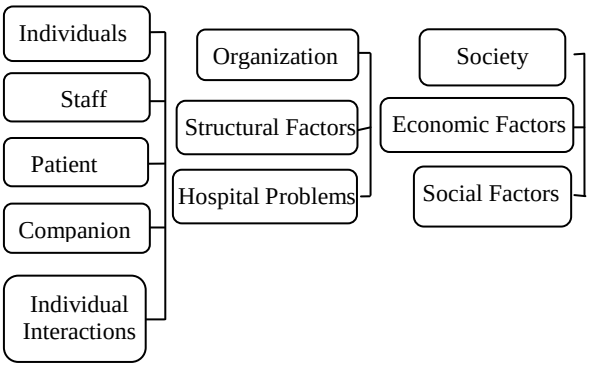

Figure1: violence risk factors.

As can be noted, staff are the key elements for that matter, because in addition to personal and social interactions in the hospital setting, the staff were also affected by the atmosphere of organization and were obliged to observe the terms and rules of the hospital.

Moreover, as members of the society, their behavior and performance can be affected by social problems as well. Thus, special attention must be paid to staff at all planning levels to reduce the incidence of violence in hospitals.

As stated earlier, social and economic factors were among the causative factors of violence, which are

associated with society. Cultural differences, high levels of stress in the society, high costs of treatment and hospitalization and financial difficulties are the other factors causing aggressive behavior. A few studies conducted in Iran have mentioned dissatisfaction of visits and high therapeutic or diagnostic costs as the main reasons for violence (15, 20). In a study by Lyneham, socioeconomic factors were the main reasons for incidence of violence (31).

Within the organization, structural factors and organizational problems were among the most effective factors contributing to violence. Some of the most important structural factors were: long waiting time to receive services, lack of medical facilities, bad hospital conditions, numerous visits and overcrowdedness. In other studies, some of the organizational factors were as follows: long waiting time, delay in appointments, insurance problems, lack of medicines and equipment for treatment, lack of security, overcrowdedness and too much noise and congestion in therapeutic environments (15, 17, 19-20, 22, 24).

In a study conducted by Rahmani, the main reasons for violence against emergency services personnel were reported to be delayed arrival of an ambulance at the scene and long waiting time to get the services (2, 26).

Additionally, in studies performed in other countries, including America, Australia and China, the most important cause of violence was identified to be waiting time, followed by overcrowdedness and poor physical structure of security (12, 30-31, 34-35).

Different subthemes were determined that were classified into three problems related to the patients, their companions, staff and individual interactions.

Most of the subthemes were related to patients and their companions, some of which had been noted in other studies such as: patient death, interference in treatment, not accepting unreasonable requests from patients or relatives, patient dissatisfaction with the delivery of services and treatments, complications in treatment, lack of knowledge about the tasks of students and staff of emergency medical services, simultaneous arrival of a large number of people as the patient companion and crowding patient's bedside, use of medicines, drugs and alcohol and mental disorders (2, 16-17, 19-20, 22, 24, 26).

In several studies carried out abroad, diseases, alcohol and drugs were the main causes of violence (10, 12, 31, 34-35). Also, Carmi-Iluz and colleagues referred to patients' dissatisfaction with treatment, disagreeing with doctor and unreasonable demands as the most common reason for violence (30). The other factors mentioned in that study were pain, fear, anxiety, history of mental illness or violent attack, personal problems and high expectations (35-36).

Some causative factors for arguments, include: lack of proper communication between clinical staff and patients and their relatives, lack of responsiveness to clients and ambiguous behavior of the clinical staff.

Other studies mentioned the same factors such as lack of attention to the patient or his family, not informing companions about patient's condition, trainees' continuous contact with patient and low communication skills of relatives (20, 22, 24). Ng and colleagues also reported communication problems and close interaction as two other reasons for violence (12).

In other studies on the interactions, some more problems such as failure, inappropriate behavior of patients and staff, misunderstandings, lack of communication skills and information have been noted as the reasons for aggression (35-36).

Moreover, some problems were associated with staff, which have been mentioned in studies conducted in Iran including: lack of energy, working for 12-16 hours per shift and low clinical skills of students (15, 17, 19, 22). In studies done abroad, shortage of trained staff such as nurses and its correlation with violence was noted (12, 34-35). In the study by Lyneham, issues such as shortage of security personnel and inappropriate behavior of nurses were suggested to have a role in instigating and exacerbating violent behaviors (31).

Conclusion

Given the high prevalence of violence in hospitals and its adverse effects on societies, organizations and individuals, some measures have been proposed to diminish this problem as follows: increasing insurance coverage, changing the physical structure of hospitals in order to increase security, limiting the entrance of individuals, making administrative processes more transparent, culture-making about patient companionship and visiting terms, holding regular workshops on violence, anger management and proper communication with patients and families for staff, increasing the number of staff in order to provide better patient-care, employing personnel in units based on their skills and abilities; moreover, using patient and experienced staff to interact with clients can improve the quality of occupational services and promote morale to maintain comfort and safety of hospital environment and to reduce violence. Lack of cooperation of some authorities and staff for reasons such as shortage of time and fatigue was the limitation of this study.

Acknowledgement

The authors would like to thank Al-Zahra Hospital's authorities and all of the staff who participated in this study.

References

1- Aghajanlou A, Haririan H, Ghafourifard M. Violence during clinical training among nursing students of Zanjan universities of medical sciences. 2010.

2- Rahmani A, Dadash Zade A, Namdar H, Akbari M. Evaluation of workplace violence against emergency medical staff in Azarbaijan Sharghi province. Sci J Forensic Med. 2009;15:100-7.
3- Geigle S. OSHAcademy Course 720 Study Guide: Violence Prevention Program.
4- Talas MS, Kocaöz S, Akgüç S. A survey of violence against staff working in the emergency department in Ankara, Turkey. Asian nursing research. 2011;5(4):197-203.
5- Rippon TJ. Aggression and violence in health care professions. Journal of advanced nursing. 2000;31(2):452-60.
6- Sahebi L. Workplace violence against clinical workers in Tabriz educational hospitals. Iran Journal of Nursing. 2011;24(73):27-35.
7- Kisa S. Turkish nurses' experiences of verbal abuse at work. Archives of Psychiatric Nursing. 2008;22(4):200-7.
8- Gerberich SG, Church TR, McGovern PM, Hansen H, Nachreiner NM, Geisser MS, et al. Risk factors for work-related assaults on nurses. Epidemiology (Cambridge, Mass). 2005 Sep;16(5):704-9.
9- Keely BR. Recognition and prevention of hospital violence. Dimensions of critical care nursing: DCCN. 2002 Nov-Dec;21(6):236-41.
10- Findorff MJ, McGovern PM, Wall M, Gerberich SG, Alexander B. Risk factors for work related violence in a health care organization. Injury prevention: journal of the International Society for Child and Adolescent Injury Prevention. 2004 Oct;10(5):296-302.
11- Hesketh KL, Duncan SM, Estabrooks CA, Reimer MA, Giovannetti P, Hyndman K, et al. Workplace violence in Alberta and British Columbia hospitals. Health policy (Amsterdam, Netherlands). 2003 Mar;63(3):311-21.
12- Ng K, Yeung J, Cheung I, Chung A, White P. Workplace violence-a survey of diagnostic radiographers working in public hospitals in Hong Kong. Journal of occupational health. 2009;51(4):355-63.
13- Senuzun Ergun F, Karadakovan A. Violence towards nursing staff in emergency departments in one Turkish city. International nursing review. 2005 Jun;52(2):154-60.
14- Barlow CB, Rizzo AG. Violence against surgical residents. The Western journal of medicine. 1997 Aug;167(2):74-8.
15- Salami J, Karbakhsh Davari M. Violence against nurses in non-psychiatry emergency wards. Scientific journal of forensic medicine. 2007;12(44):202-9.
16- Aghilinejad M, Nojomi M, Mehdi S, Mohammad S. Study of prevalence of violence against nurses and related factors. Razi Journal of Medical Sciences. 2011;18(86):49-58.
17- Moraveji M, Soleiman Nezhad N, Bazargan M. Study of violence against nurses working in hospitals of Zanjan province. Iran J Health Care. 2010;12:11-8.
18- Rafati Rahimzadeh M, Zabihi A, Hosseini S. Verbal and physical violence on nurses in hospitals of Babol University of Medical Sciences. Hayat. 2011;17(2):5-11.
19- Zamanzadeh V, Abdollahzadeh F. Nature of violence toward nurses working in hospitals. Medical journal of Tabriz University of Medical Sciences and Health Services. 2007;29(2):61-6.
20- Kazemi S. Violence against doctors in hospitals of Khoramabad in 2011. 2011.
21- Ghodsbin F, Dehbozorgi Z, Tayari N. Prevalence of violence against nurses. J Shahed Univ. 2008;16:45-52.
22- Koohestani H, Baghcheghi N, Rezaei K, Abedi A, Seraji A, Zand S. An epidemiologic study of workplace violence towards nursing students in Arak University of Medical Sciences in 2011. Iran J Epidemiol. 2011;7:44-50.
23- Cheraghi MA, Noghan N, Moghimbeigi A, Bikmoradi A. Analysis Of Intensive Care Nurses 'Workplace Violence. Critical Care. 2012;5(13):85-92.
24- Yousefi P, Salehi B, Sanginan T. The types and contributing factors of aggression toward physicians and students of medicine in hospitals of Arak in 2009. Arak Medical University Journal. 2010;13(2):155-64.
25- Hasani A, Zaheri M, Abbasi M, Saeedi H, Hosseini M, Fathi M. Incidence Rate of physical and verbal violence inflicted by patients and their companions on the emergency department staff of Hazrate-e-Rasoul hospital in the fourth trimester of the year 1385. Razi Journal of Medical Sciences. 2010;16(67):46-51.
26- Rahmani A, Roshangar F, Dadash Zade A, Namdar H, Akbari M, Nabi Elahi L. Workplace verbal abuse among the emergency medical personnel of medical university of Tabriz and subsidiary cities. J Nurs Midwifery Tabriz. 2009:33-9.
27- Shoughi M, Mirzaei G, Salemi S, Sanjari M, Heydari S, Shirazi F. Verbal abuse against nurses in hospitals in Iran. 2008.
28- GHasemi M, Rezaei M. Exposure of nurses with physical violence in academic hospitals of Baqiyatallah Medical University. Journal Mil Med. 2007;9(2):113-21.
29- Karahmadi M, Esmaeili Dn. Aggression and some of its demographic correlates in nurses of pediatric wards in hospitals affiliated to Isfahan Medical University. 2007.
30- Carmi-Iluz T, Peleg R, Freud T, Shvartzman P. Verbal and physical violence towards hospital-and community-based physicians in the Negev: an observational study. BMC health services research. 2005;5(1):54.
31- Lyneham J. violence in New south wales emergency departments. Australian Journal of Advanced Nursing. 2001;18(2):8-20.
32- Mohammadpoor A, Bahmani M. Women, Shopping Centers And Consumption Signs (Case Study Of Shiraz Setareh Fars Shopping Center). 2010.

33- Doshmangir L, Rashidian A, Akbari SA. Unresolved issues in medical tariffs: Challenges and respective solutions to improve tariff system in Iranian health sectors. 2012.
34- Health care facilities and workplace violence prevention. Texas Department of Insurance, Division of Workers' Compensation.
35- Lau JB, Magarey J, McCutcheon H. Violence in the emergency department: a literature review. Australian Emergency Nursing Journal. 2004;7(2):27-37.
36- Rew M, Ferns T. A balanced approach to dealing with violence and aggression at work. British journal of nursing. 2005;14(4):227-38.