

Scholarly Paper

Chanho Kwak  
School of Nursing, Alliance University  
NUR302: Evidence for Nursing Practice  
Dr. Elenice Lima  
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In the article “The Components of Workplace Violence Against Nurses from the Perspective of Women Working in a Hospital in Tehran: A Qualitative Study,” Faghihi and et al, investigated the major mechanisms of workplace violence against nurses in a hospital in Tehran. The WHO offers a detailed description of workplace violence which encompasses abuse, attacks, or acts of threat in the workplace which negatively results in the safety, well-being, and health of the employees. ANA broadens this definition by adding lateral violence, violent behavior of associates, bullying, aggression, power abuse, and sexual harassment. The sectors that are most commonly prone to workplace violence are the health, education and public safety occupations but it is especially prominent in health care. Due to the nature of care that the nurses provide, nurses fall victim to the highest rate of violent occurrences. Nurses spend the most time with patients and as a result become the target of violence. The Occupational Safety and Health Administration (OSHA) also estimates that 80% of serious violence transpires during the nurses’ contact with patients. The violence is detrimental to the nurse, the quality of service provided which often leads to decreased productivity and turnover (Faghihi et al., 2021).

A qualitative method and content analysis was conducted in order to provide a deeper, more detailed understanding into the mental experience of the violence. A cryptographic process was utilized to identify specific categories or related themes. The sampling included 21 female nurses from different units of the hospital (Faghihi et al., 2021).

Faghihi and colleagues (2021) explored the types of violence that women experienced as nurses in the workplace. The analysis of the in-depth interview with 21 female nurses resulted in 15 different categories which were then divided into 2 major themes. The two concentrations of violence were categorized into interpersonal violence and organizational intimidation. Although

nurses experienced patient violence, they expressed that the organizational abuse was much more negatively impactful (Faghihi et al., 2021).

The researchers of this study implore the managers and officials of the hospital to implement changes to reduce violence in the hospital. Faghihi and colleagues (2021) utilize data to support their case, “The data in this study showed that nurses in hospital systems may be subconsciously abused by the system and managers.” It was recommended that managers and officials create a work environment in which reporting of violence is the norm and to create a culture that investigates problematic violence as effective strategies (Faghihi et al., 2021).

In the article “Workplace Violence among Nursing Professionals,” this quantitative research explores the different kinds of violence experienced by nurses. The researchers define workplace violence as either vertical or horizontal. This comprises nearly everyone the nurses come into contact with – patients or those within the healthcare organization. Violence is categorized into two main groups – physical or psychological. Nurses are studied in this research because nurses represent a large population of the healthcare system and are the most at-risk and are vulnerable to occupational violence (Bernardes et al., 2021).

The method of research for this article was a descriptive, quantitative study. The study was mainly completed in the emergency department due to the high volume of workplace violence experienced. A questionnaire which was approved by the WHO was utilized to collect data. It is a self-report questionnaire and was collected by convenience. All the participants received an opaque envelope to return the questionnaire and were informed of the purposes of the study (Bernardes et al., 2021).

Bernardes et al., (2021), collected data from 55 participants of which 40 were female (72.7%). Of the participants, most workers (82%) stated that they did not feel recognized for

their work and 47% demonstrated concerns about workplace violence. 88.9% of the nurses reported that they had experienced violence in the workplace. The results were organized into three tables with Table 1 identifying the different types of violence recognized by the nursing staff such as physical, verbal abuse, mobbing, sexual harassment and racial discrimination. Table 2 organized the frequencies at which the different types of violence were perpetrated. Lastly, table 3 charted the responses of the victims after the incident - 28% pretended it never happened. The findings indicate that females were more likely to experience workplace violence with verbal abuse being the most prominent type of abuse (Bernardes et al., 2021).

Bernardes et al., (2021), state that the findings implement the supervisors and co-workers as being the most frequent sources of violence. Although patients and families contribute to the violence that nurses experience, the feeling of powerlessness expressed by the nurses in the face of violence are indicative of the lack of organizational support. Bernardes et al. recommends policy and culture changes in hospitals and also encourages nurses to identify and report incidences of violence. There were limitations to this study because it was conducted in one hospital and self-reporting is affected because participants are influenced by social pressures and organizational consequences (Bernardes et al., 2021).

### Critique/Appraisal

In the research article presented by Faghihi et al., the qualitative study utilized a purposive sampling of 21 female nurses working in different units of the hospital. There was an adequate amount of time spent with the participants. There was a great amount of reflexivity in the design of the study. The population was adequately described and the researchers used the best possible method to enhance the information richness. For example, the interview was recorded and transcribed. Afterwards, the interviewer provided it to the participants to comment

on the accuracy of their statements. Instead of quickly analyzing the interview, the researcher allowed sufficient time to understand the overall flow and direction of the interview. The sample size was adequate for the study. The interviews were semi-structured and began with “What aspects of workplace violence do you see here?” as the main starting question. A secondary method was used such as observation and recording field notes during the interviews. The researchers obtained written informed consent, and had the right to withdraw from the study at any time. Consent was also given for recording the interview and participants were given a high level of confidentiality and privacy and had the right to discontinue the research at any time (Faghihi et al., 2021). The data was collected in a manner that minimized bias. In order to enhance the credibility of the study, the author used the following criteria for validation - data credibility, acceptability, validity, accuracy, believability, verifiability, and reliability. The findings were effectively summarized and used good excerpts from the data. The results yielded a thematic pattern and yielded two themes. The findings were interpreted with the culture and context in mind and were appropriate. I have confidence in the truth value of the results and the study contributes meaningful evidence that can be used in the nursing profession (Faghihi et al., 2021).

In the research conducted by Bernardes et al., there was an appropriate level of evidence that was collected. This study involved 55 nurses from all shifts. There were appropriate comparisons made to enhance the interpretability of the findings. Bernardes et al. compares this study to another international study which involved 219 nurses in which they found that patients and relatives were responsible for most cases of verbal abuse. The number of data collection points were appropriate. There was no follow up period to the research. Blinding was not used and attrition was not an issue. The population was clearly identified as the nursing staff in the

emergency unit of a teaching hospital in southern Brazil. The data was collected by convenience so the best possible sampling design was not used. Their study included the emergency nurses on all shifts from April to June 2018. There were inclusion criteria for the participants of the study. First, it was necessary for the nurses to work in the emergency unit for at least 1 year. Secondly, they were not included in the study if they were going on vacation or leave. A power analysis was not used to estimate sample size needs. The researchers used a 54 item self-report Questionnaire which was already validated by the WHO in 2005 (Bernardes et al., 2021). There were no interventions and data was collected in a manner that minimized bias. I believe that the study findings appear to be valid and I have confidence in the truth value of the results. The results of the study represent the current state of nursing shortage and the lack of change in the healthcare system today.

P: abused nurses

I: organizational policy change

C: current abusive practices

O: decreased workplace violence and abuse

In the nursing profession, what is the effect of an organizational policy change in comparison to current abusive practices on decreased workplace violence and abuse?

References

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