

EXPERIENCES OF NURSES EXPERIENCING VIOLENCE IN THE EMERGENCY ROOM

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EXPERIENCES OF NURSES EXPERIENCING VIOLENCE IN THE EMERGENCY ROOM

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Abstract

Background: The phenomenon of violence against nurses is even higher. Still, the results of the study are 80% of nurses who experience violence do not report the incident, nurses take compensatory actions such as sick leave, fear, and lack of support from hospital administration

Objectives: Researchers explored the experience of nurses and the need for more effective protection for emergency unit nurses, this is very important to understand the experiences of nurses who experience violence in the emergency unit.

Methods: The qualitative approach that will be used is transcendent phenomenology (descriptive phenomenology). The population in this study were all emergency unit nurses at the Pontianak City government-owned hospital. Total 15 participants. The criteria for the participants were emergency unit nurses, nurses with experience of acts of violence by others, age > 20 years, and willingness to become participants. The sampling technique used is purposive sampling. Researchers conducted interviews based on the guidelines that had been prepared. The ethical principles were applied on this study. The stages of data analysis in this study are based on 4 stages of Colaizzi

Results: The results of this study describe the phenomenon of the experience of nurses who experience violence in the Emergency Unit. The five themes include (1) The working period of nurses who experience violence in the Emergency Unit; (2) Causes of nurses experiencing violent behavior in the emergency department; (3) Forms of violent behavior towards nurses in the emergency department; (4) The attitude of nurses who experience violence in the emergency unit; and (5) Protection of nurses in the emergency department

Conclusion: It is believed that nurses who experience violence do not disclose it to management because there is a lack of management support and unclear reporting guidelines. The suggestions are that the management of and prevention of violence against nurses in Indonesia therefore requires management support, documented policies, clear reporting procedures, security systems in hospitals, and clear legal protection by leadership and Indonesian National Nurses Association.

Keywords: *Emergency Unit, Experience of Nurses, Violence*

INTRODUCTION

Health workers who are at great risk of getting violence in the workplace are nurses (Mentz et al., 2020; ALBashtawy & Aljezawi, 2016). Violence against nurses in the workplace is increasing, especially in the emergency department or in the intensive care unit (ALBashtawy & Aljezawi, 2016; Zhang et al., 2017). Although the phenomenon of violence against nurses is getting higher, the results of the research show that 80% of nurses who experience violence do not report the incident, nurses take compensatory measures such as sick leave, fear and lack of support from the hospital administration (ALBashtawy & Aljezawi, 2016).

According to Vogel (2016) that emergency room nurses have a 16 risk of incidents of violence. Based on data for 2020-2021, nurses experienced violence, there were 8 cases throughout Indonesia, but there was still some violence against nurses that had not been reported to the central level (Fadhillah, 2021). Based on research data on 169 emergency room nurses in Jakarta, it was found that 10% of emergency room nurses received physical violence from patients, 54.6% non-physical violence from the patient's family, 55.6% of nurses did not report workplace violence, and 10.1% get violence training in the workplace (Noorana Zahra & Feng, 2018).

The impact of violence on nurses that is difficult to estimate is in the form of physical, socio-economic, and emotional, stress and leaving the workplace (Pich, Hazelton, Sundin, & Kable (2011); Chapman, Perry, Styles, & Combs, 2013; Hogarth, Beattie, & Morphet, 2015). Phenomena in Indonesia, acts of violence against nurses occur a lot but it's like an iceberg phenomenon. This is due to the low level of reporting incidents of violence experienced by nurses. Based on preliminary studies conducted by researchers, many acts of

violence that befell nurses were resolved directly by the coordinator or supervisor who was on duty at the time. The resolution step that is often taken is for the nurse or supervisor to immediately apologize to the patient and family. This is often done without considering the feelings of the nurse who has experienced the violence.

The experiences of ED nurses who experience violent acts are important for several reasons. The first reason nurses experience unpleasant things at work. The second reason, can have a heavy psychological impact on nurses and trigger nurses to leave the workplace. Based on the urgency of the research, the researcher wants to explore the experiences of nurses and the need for more effective protection for emergency room nurses, this is very important to understand the experiences of nurses who experience acts of violence in the emergency unit.

Objective(s): The aim of the study is explored the experience of nurses and the need for more effective protection for emergency unit nurses, this is very important to understand the experiences of nurses who experience violence in the emergency unit.

METHODS

Study Design

The method used is qualitative research. The qualitative approach used is transcendent phenomenology (descriptive phenomenology). The population in the study was all emergency unit nurses at the Dr. Soedarso regional general hospital and the Sultan Syarif Mohamad Alkadrie regional hospital. The number of participants in this research was 15. The criteria for participants are emergency unit nurses, nurses who have experience of acts of violence by other people, age > 17 years, and are willing to become participants. The sampling technique used was purposive sampling.

Setting

The research location is the Emergency Room at Dr. Sudarso Pontianak and Sultan Syarif Mohamad Alkadrie Hospital. The research was conducted from March to July 2022.

1
Research Subject

The population in this study were all emergency unit nurses at the Dr. Soedarso general hospital and Sultan Syarif Mohamad Alkadrie Regional Hospital. The number of participants in this study was 15 participants. The criteria for participants are emergency room nurses, nurses who have experienced acts of violence by others, aged > 20 years, and are willing to become participants. The sampling technique that was used was purposive sampling.

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Table 1. Frequency Distribution of Participants Based on Gender and Employment Status

Characteristics of participants	Total	Percentage (%)
Gender		
Men	3	20%
Women	12	80%
Employment Status		
Government employment	12	80%
contract worker	3	20%

1
Based on table 1, the characteristics of the participants based on gender found that the majority were female, totaling 12 participants (80%) and the characteristics of participants based on employment status found that the majority of civil servant employment status totaled 12 participants (80%).

Table 2. Average Distribution of Participants by Age and Length of Service

Characteristics of participants	Mean	Min	Max
Age (year)	35,8	30	43

and Length of Service (year)	8,13	5	16
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Based on Table 2, the distribution of the average respondent characteristics based on age shows that the average age of the participants is 35.8 years, the youngest is 30 years, and the oldest is 40 years. Characteristics of participants based on length of service in the emergency room averaged 8.13 years.

Data Collection

42 The data collection procedure begins with the selection of potential participants according to the criteria. The researcher explains the research objectives. Participants who are willing to be involved will sign the informed consent. Researchers explored in depth the experiences of nurses who experienced work violence in the emergency unit. Researchers asked questions about the history of violence against nurses in the workplace. Researchers conducted interviews according to the interview guidelines prepared. Questions can develop according to participants' answers. Statements are not asked sequentially but are adjusted to the participant's response. Researchers prepared field notes to observe participants' non-verbal reactions. Researchers carried out the termination stage by validating data transcripts and analyzing data from participant interviews.

Data Analysis

Data analysis stage with the Colaizzi approach: Reading all transcripts and also listening to the recordings several times; Quote a phrase or sentence directly; formulate the meaning or significance of each significant statement; organize the collection of meanings from the category formulation into theme groups; integrate the results into a complete description of the phenomenon under study; Formulate descriptions of phenomena studied in depth with firm statements, and Asking participants to review the results of the phenomenon description as the final step of

validation Researchers also validate data through credibility, transferability, dependability, and confirmability.

Trustworthiness

The researcher applies the principle of credibility by showing the printout of the interview transcript and the results of the provisional theme analysis to the participants. All participants have read and agreed that the interview transcripts and themes are by what the participants conveyed during the interview. The principle of transferability that is applied is that the researcher writes a concise description of the research results and conducts a literature review. A literature review was carried out by reviewing themes that have emerged in similar studies. The researcher applies the principle of dependability by conducting a thorough and detailed review of data and supporting documents by the auditor on all research results. The confirmability principle of this study involved external researchers reviewing the results. These external researchers can provide objective assessments ranging from the process to research conclusions.

Ethical Consideration

This research approved ethics at Dr. Soedarso Pontianak with the number 30/RSUD/KEPK/II/2022 on February 26th 2022.

RESULTS

There were five themes identified from the interviews. Themes are generated from thematic analysis using the Colaizzi approach by reading the transcripts repeatedly, looking for significant statements in the transcripts, formulating significant statements into categories, and grouping categories into theme groups. The theme is integrated into the form of a complete description and describes the phenomenon of the experiences of nurses who experience violence in the Emergency Unit. The seven themes include (1) the tenure of a nurse experiencing violence in the emergency department; (2) Causes of nurses experiencing

violent behavior in the emergency department (3) Forms of violent behavior towards nurses in the emergency department (4) Attitude of nurses who experience violence in the emergency department (5) Protection of nurses in the emergency unit.

The theme of tenure of nurses who experience violence in the emergency room. This theme describes the perceptions of nurses who experience violence in the Emergency Room. This theme consists of 3 categories: (1) length of service; year of an incident of violent behavior; and nurse complaints. The long experience of working as a nurse in the Emergency Unit is one of the factors that nurses can find on the ground when they experience acts of violence in the Emergency Room. Three participants considered the tenure of nurses who experienced violence in the emergency department. The following are examples of participant statements:

"During my service in the ER for around 7-8 years." (P1).

"Eee, maybe it used to be around 2011 or 2012." (P2).

"For 8 years, I would be lying if I said never. If I was in the hospital, yes, here the majority of people are referred to as middle and lower and have less education." (P12).

The Theme Causes Nurses Experiencing Violent Behavior in the Emergency Unit. This theme consists of 8 categories as follows: (1) Less fast service; (2) Family-patient accompaniment; (3) Demands of the patient's family; (4) impatient; (5) educational and social levels are different; (6) Lack of inpatient beds; (7) lack of communication; and (8) the number of patients.

Participants had a perception that the cause of nurses experiencing violent behavior in the emergency department, the first was less fast service. Participants said that generally patients and their families always wanted to get

fast service. The following is the statement of the participants:

"Some of them asked to be quick, they said the service was not that, this is it, where are we, the patients are busy, the families are asking for it fast" (P3).

"Maybe it's because of the lack of resources and facilities, so if you have an inpatient room where you can add bed facilities, maybe patients going in and out will go more smoothly, so there won't be any complaints from the patients" (P4).

"Yes, maybe one of them is the patient's family dissatisfaction with the treatment" (P5).

Participants said that the demands ²³ of the patient's family were the cause of violence in the emergency department. The following are participant statements:

"Because we also work with a heavy burden with complex patient problems, with the demands of the patient's family whose demands are also complex" (P2).

"For example, it usually comes not from the main family but from the follow-up families, who feel that you don't get an explanation from the start, families who haven't been here long so they come and want things like this..like this..like this, how do the nurses work,the nurses are ..like this..like this..like this" (P4).

"It's the dissatisfaction of the patient's family, mostly from his family" (P6).

"The violence that occurs is due to the dissatisfaction of the patient's own family, but usually not from the first new family to accompany the patient to come, usually it will be raised by the family who has just arrived because they don't see how we respond to the patient" (P10).

Theme Forms of Violent Behavior Against Nurses in the Emergency Room. This theme consists of 3 categories, namely: (1) bad

words; (2) angry; (3) hit. Participants often received violence in the form of insults, insults, and bad words. The following are participant statements:

"I have never received violence, violence like hitting or anything, only in the form of words or words" (P1).

"Physically, it's never been so far, but verbally, maybe so far it's the patient's family who just complains, but sometimes those who don't know anything like to complain just use inappropriate words like that" (P4).

"But if there's never been physical violence, but if it's verbal it's often like swearing, swearing to die like that" (P5).

"For frequent verbal violence, for physical violence, thank God not yet, for verbal, usually the family is more emotional, so yes, they say words that are not pleasant to hear" (P10).

"Never, normal shouting, normal reprimands, just calling "woi" and that's all, sometimes our services are full of patients, you know we don't only handle patients, there are lots of other patients, it takes a long time for him"(P14).

Participants also received forms ⁴ of violence in the emergency department in the form of anger. The following are participant statements:

"There has been violence in the form of words, for example, the patient was angry" (P3).

Participants also received violence ⁴ in the emergency department in the form of hitting. The following is the statement of the participants:

"The impact is bad, moreover it can be dangerous to ourselves and if there is violence such as hitting or something" (P1).

"Until he was attacked using a chair, there was also one" (P2).

"Thrown in a chair once, punched because of that, maybe people think that if we want someone who is already approaching, we have to act like soap operas, we have to give them a pacemaker and all kinds of things, right" (P13).

"It was very detrimental to the nurses themselves, sis, eee initially we intended to help because, from the family side, we were almost punched too" (P14).

The theme of the attitude of nurses who experience violence in the emergency room. This theme consists of 3 categories, namely: (1) Patience; (2) dodge; (3) silence. The attitude of 14 participants when they experienced violence in the emergency department was patience because the patient is a king and we are servants. The following are participant statements:

"but we are still patient, even though it is a bit rough when there is violence" (P1)

"Actions in the service so far what the patient's family has done is still accepted, we don't reply" (P6).

"I don't care about myself, maybe because I've had to face it all day so it's best to just take it at that time, then it's over" (P7).

"Personally, for me personally, if someone who gets verbally abused gets blamed for no reason, that's even more unacceptable, but you have to be able to endure it" (P12).

"So actually there is a sense of what, eeeee, it doesn't seem fair to us, right? It feels like we have served well, and are following the SOP, all of a sudden right, but we still get treated like that, sometimes there are thoughts like that, but maybe there are also families who don't all understand, and that's again the people we serve are sick people and families who see their families sick so most of them want to get the best" (P14).

The theme of Nurse Protection in the Emergency Room. This theme consists of 3 categories, namely: (1) Legal Protection; (2) Security Officers; and (3) Health Education. Participants expressed the importance of fair legal protection so that they are safe while working as nurses without threats of violence at work. The following are participant statements:

"Yes, there is already a legal umbrella" (P2).

"If there is a case of violence from our legal umbrella, PPNI is the name, it can protect" (P6).

"The hospital must protect us" (P7).

"There is also legal protection from the hospital, so, in terms of things that are not desirable, we have a shelter. So in terms, we don't arbitrarily let it go, there have been incidents, so there is also a deterrent effect for the community. So we work with legal protection, if there is a problem, don't take the law into our own hands, we work, when we finish work we have rational rules, so the public knows that too" (P10).

Participants expressed the need for security at work for 24 hours to maintain security while working. The following are participant statements:

"The security guard usually helps, for example when there is a commotion, the security guard starts to come forward, usually the security guard intervenes" (P6).

"The security guard is very influential, thank God we are in the emergency room for 24 hours, the security guard is waiting for 2 people" (P10).

DISCUSSION 1 Tenure of a Nurse Who Experiencing Violence in the Emergency Room

36 The long tenure of nurses contributes to the incidence of acts of violence against nurses in the Emergency Unit. Based on the results of the univariate analysis, the average length of

service for nurses was 8 years. The results of the length of employment interviews on 3 participants out of 15 participants were in the range of 7-8 years. Based on the results of the participant interviews,

"During my service in the ER, it was around 7-8 years". (P1)

"Eee maybe around 2011 or 2012". (P2)

"For 8 years, I would be lying if I said I never had. In this hospital, yes, here the majority of people are referred to as lower middle class and have less education." (P12).

The results of this study are in line with the length of work experience of nurses who have experienced acts of violence in the emergency department, which is 5-7 years (Noorana & Feng, 2018). Another study on 172 nurse respondents who experienced acts of violence at work found that the length of service for nurses ranged from 1-10 years as many as 97 respondents (36.5%) (Song, Wang, & Wu, 2021). Another study stated that the length of work of nurses contributed to acts of violence in the workplace was in the range of 5-15 years as many as 89 (86.4%) (Al-Maskari, Al-Busaidi, & Al-Maskari, 2020). The experience of ER nurses who experienced acts of violence at work in the past 2 years was 92.9%, incidents of violence at work in the past 6 months were 41.6%, incidents of violence at work were generally in the afternoon shift, especially in the ER area (Lee, Han, Lin, & Chang, 2019).

The length of work for nurses contributes to the incidence of violence in the Emergency Room. The opinion of the researchers is that the longer the nurse's tenure in the Emergency Unit, the more risk of experiencing violence at work, especially in the emergency department. Generally working in the emergency department is the first contact between patients with various health conditions, thus allowing a high risk of acts of violence against nurses in the emergency department.

Causes of Nurses Experiencing Violent Behavior in the Emergency Room

Participants have a perception that the cause of nurses experiencing violent behavior in the emergency department is that the service is not fast enough. Participants said that generally patients and families always want to get fast service. The following are participant statements:

"Some of them asked to be fast, they said the service was not that this was it, where we have a lot of patients, the family asked for it to be fast" (P3).

Participants said that the demands of the patient's family were the cause of violence in the emergency department. The following are participant statements:

"Because we also work with a heavy burden with complex patient problems, with the demands of the patient's family whose demands are also complex" (P2).

"For example, it usually comes not from the main family but from the follow-up families, who feel that you don't get an explanation from the start, families who haven't been here long so they come and want things like this..like this..like this, how do the nurses work,the nurses ..like this..like this..like this" (P4).

The results of research on the causes of violence in the emergency department are long waiting times for services, services in the emergency department that are late, stressful conditions of patients, aggressive family members or visitors, besides the emergency room conditions being crowded due to a large number of patients (Lenaghan, Cirrincione, Henrich, & NE, 2017). The results of other studies that are similar to the causes of violence against nurses in the emergency department are long waiting times, the number of full patients in the emergency department, the limited number of nursing staff who work, do not match patient or family satisfaction (Al-

Maskari, Al-Busaidi, & Al-Maskari, 2020).
The results of other studies regarding the causes of violence against nurses in the emergency department are low communication between nurses and patients or patient families so that the information conveyed by nurses occurs miscommunication, low level of education of patients or patient families so that the information provided cannot be interpreted properly, and low system safety in the emergency department environment (Davey, et al., 2020).

The researcher's opinion is that the cause of violence against nurses in the Emergency Unit is late service, late service is generally due to the large number of patients piling up in the emergency department with limited nursing staff, resulting in a queue either in the emergency department or full treatment room. Another factor is the low patient or patient family education, which reduces the ability to understand the information conveyed by nurses and triggers violence due to miscommunication.

Forms of Violent Behavior Towards Nurses in the Emergency Room

Participants often received violence in the form of insults, insults, and bad words. Following are participant statements:

"I have never experienced violence, violence such as hitting or anything, only in the form of words or words" (P1).

"Physically, it's never been so far, but verbally, maybe so far it's the patient's family that's just complaining, but sometimes those who don't know anything like to complain just use inappropriate words like that" (P4).

"But if there's never been physical violence, but if it's verbal it's often like swearing, swearing to die like that" (P5).

"For frequent verbal violence, for physical violence, thank God not yet, for verbal, usually the family is more emotional, so yes, they say words that are not pleasant to hear" (P10).

The results of a systematic review and meta-analysis show that 72% of cases of violence against nurses in the emergency department were verbal violence, and 18% of cases were physical violence. Violence in the workplace, especially in the emergency department, can be experienced by doctors, nurses, or other officers. Violence in the workplace is usually from family members of patients, patients or relatives, and patient caretakers (Aljohani, Burkholder, Tran, Chen, Beisenova, & Potan, 2021). Other similar research on forms of violence against nurses in the emergency department is verbal violence in the form of insults, insults, and intimidation, and other forms of physical violence in the form of hitting and pulling hair (Sharifi, Shahoei, Nouri, Almvik, & Valiee, 2019).

The researcher's opinion is that the form of violence against nurses in the emergency department is in the form of verbal violence. Verbal violence often appears in words that are not pleasing to the ear, intimidating, shouting, and angry. Another form is the form of physical violence in the form of throwing chairs that have been experienced by participants.

Attitudes of Nurses who experience violence in the Emergency Room

This theme consists of 3 categories, namely: (1) Patience; (2) dodge; (3) silence. The attitude of the participants when they experienced violence in the emergency department was patience because the patient is a king and we are servants. The following are participant statements:

"but we are still patient, even though it is a bit rough when there is violence" (P1)

"Actions in the service so far what the patient's family has done is still accepted, we don't reply" (P6).

"I don't care about myself, maybe because I've had to face it all day so it's best to just take it at that time, then it's over" (P7).

"Personally, for me personally, if someone who gets verbally abused gets blamed for no reason, that's even more unacceptable, but you have to be able to endure it" (P12).

The attitudes of nurses who experience violence in the Emergency Room are 1) Confrontive (facing the problem); 2) Evasive (avoiding the problem); 3) Optimistic (positive thinking); 4) Fatalistic (negative/pessimistic thinking); 5) Emotive (releasing emotions); 6) Palliative (making yourself feel better, better/comforting yourself); 7) Supportant (using all available assistance); and 8) Self-reliant (self-reliant) (Christlevica, M., Aileen Joan, G., & Ricky, D. (2016). The results of other similar studies regarding the attitudes of nurses who experience violence in the emergency department are anxious, afraid, following problems, and defending or being defensive (Lenaghan, Cirrincione, Henrich, & NE, 2017). Other research results regarding the attitudes of nurses who experience violence are keeping silent, understanding the problem, taking a deep breath and looking for the best solution, and reporting to the management or head of the room/leader (Aljohani, Burkholder, Tran, Chen, Beisenova, & Pourman, 2021). The researcher's opinion is that the participants' attitudes when experiencing violence in the emergency unit are silence, avoidance, and patience.

Nurse Protection in the Emergency Room

Participants expressed the importance of fair legal protection so that they are safe while working as nurses without threats of violence at work. The following are participant statements:

"Yes, there is already a legal umbrella" (P2).

"If there is a case of violence from our legal umbrella, PPNI is the name, it can protect" (P6).

"The hospital must protect us" (P7).

"There is also legal protection from the hospital, so, in terms of things that are not desirable, we have a shelter. So in terms, we don't arbitrarily let it go, there have been incidents, so there is also a deterrent effect for the community. So we work with legal protection, if there is a problem, don't take the law into our own hands, we work, when we finish work we have rational rules, so the public knows that too" (P10).

The results of research on strategies to prevent violence against nurses are to increase communication between nurses and patients, increase the education of nurses and patients, increase security services in hospitals, and the existence of a policy for solving problems by hospital management (Davey, et al., 2020). Other research results on preventing violence against nurses are communication training for nurses, continuing education for nurses, there is a regulatory policy from the hospital regarding the protection of violence in the workplace (Lenaghan, Cirrincione, Henrich, & NE, 2017; Al-Maskari, Al-Busaidi, & Al-Maskari, 2020).

Researchers' opinions on strategies for protecting acts of violence against nurses in the workplace are increasing communication, continuing education, having a flow of case resolution in hospitals, having fair law enforcement, the role of professional organizations in escorting nurses when experiencing acts of violence, and increasing security in hospitals.

CONCLUSION

The result of this study describe the phenomenon of the experiences of nurses who experience violence in the Emergency Room. The five themes include (1) The tenure of a nurse experiencing violence in the Emergency Unit; (2) Causes of nurses experiencing violent behavior in the emergency department; (3) Forms of violent behavior towards nurses in the emergency department; (4) The attitude of nurses who experience violence in the emergency department; and (5) Protection of nurses in the emergency department.

SUGGESTIONS

One of the nursing staff members who face violence in the workplace is the nurse. To promote nurse competence, it is essential to provide nursing care professionally and improve information through continuous education. The findings of this study demonstrate the necessity for a strategy to safeguard emergency room nurses from assault at work. The study's findings show that emergency room nurses face a danger of violence at work, thus measures must be taken to improve nurses' abilities to deter violent acts and establish explicit legal protections. The findings of this study call for an increase in emergency nurse expertise in terms of methods for reducing violence in emergency rooms.

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DECLARATION OF CONFLICTING INTEREST

None

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