



VERBAL VIOLENCE AGAINST MIDWIVES AND ITS RELATED FACTORS IN KHUZESTAN PROVINCE

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Abstract: Violence in the workplace is a risk factor threatening safety of personnel, Health care workers, especially midwives, more than other employees at risk of threats, verbal and physical violence. Therefore the aim of this study was to determine the occupational verbal violence against midwives, and related factors in Khuzestan province. It was a descriptive, cross-sectional study. 400 midwives working in hospitals affiliated with the University of Medical Sciences in 2014 were studied. The data were collected by a questionnaire related to workplace violence in the health units, consisting of 4 parts (demographic, physical and verbal violence, related factors), which was completed by midwives. To analyze the results of the analytical test (X^2 and Phi and Cramer's coefficient) were used in SPSS 19 software. 57.5% had experienced verbal violence. The experience of working with verbal abuse and shift and career and education and the workplace. There is a verbal violence ($p < 0.05$). But between verbal violence and hours of work per week there is no significant relationship ($p \geq 0.05$). Performing some measures such as educational courses about prevention of violence against midwives, repression of the opponent's anger explanation of rules and regulations for workers and clients are recommended.

Key word: Occupational Violence; Verbal Violence; Medical Sciences

INTRODUCTION

Today, violence is one of the issues affecting communities, including rural and urban. This is the importance when we realize this phenomenon with its various dimensions can be, ultimately, causes the instability consequences and weaken the pillars of the social (1). Violence can be harmful when a person knows that practical advancement of its purposes and do not have merely physical aspect (physical), but it has mental (hermit and degradation of the person, and sexual harassment, persecution, and shout, rape) and economic (the means of breaking the House.) dimensions (2).

The World Health Organization defines violence: the use of physical force, or, threat or real intention against a person, or group or community that has the probability of injury occurrence, death, psychological harm, deprivation or lack of development (3). Violence can be accessed from angle of quality damage and we divided it into categories 1- mental (mental) violence and 1- physical Violence in the workplace is a new phenomenon which is fitted in recent years; attract the attention of experts and managers of organizations and manufacturing companies. The major topics and important of nowadays is to understand this phenomenon, its range, causes and factors that prevent such violence in the workplace. According to the International Council of nurses, nurses' health exposed to violence more than police officers (5). International organizations research about violence in the workplace introduces the phenomenon for managers and experts. Workplace

violence occur in the workplace and has some kind of as any incident or situation can be defined as that in which a person in the place of work or the conditions directed to maltreatment, assault or threat (6).

The administration of the safety and health of America (2004), workplace violence as "any beating, threatening behavior, or verbal abuse in the workplace or outside of it and get in touch with the job happens" (9). In addition, it defines in Office of safety and health (2006) as acts of violence, including physical attacks and threats to people (10). At first, the violence at work are widely used as any beating, threatening and/or verbal abuse in the workplace (11), but the "Office of safety and health" associated outside violence to work environment (13). The prevalence of occupational violence on average is 87 percent in Asian and Turkey (14) and 44 percent in Western countries, (15). Based on research of Nikjo and Sahebi in 1390, between the clinical staff of hospitals of Tabriz violence was 21 percent among Tabriz hospital in last year and 64/2 percent exposed to verbal violence (16). As well as research results of Ramazani and Associates (2011) in the Department of psychological complex of Kerman, nurse's experience of verbal violence more than non-verbal and physical violence, were at least 2-3 times in last year (17). Also salami, *et al.*, (2006) reported violence against nursing personnel 98/6% in three Tehran hospitals Emergency Department (18). Of course, not only staff nurses working in the hospital experienced the most job violence; but also studies show that midwives experienced it too (19). Also a

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study in Africa (Kenya, Nigeria, Tanzania) showed that 87% of midwives throughout the year have experienced violence (20). These statistics can be risky conditions for the midwives. On the other hand, due to the absence of such registration and reporting system, study in this respect is very limited in Iran. Despite the high prevalence of violence in health centers, comprehensive statistics of this problem is not available in Iran (21). Several factors has effect on violence incidence, Ammari (1387). Factors such as working conditions, condensation, role ambiguity, job conflict, responsibility, relationships with superiors, relationships with partners cause violence (22).

Aghili and et al., (2011) knows sex, age, work experience, job position, number of patients, and working hours, the working week as job violence factors (23). Rashidi (1392) knows factors such as shift work, work experience, gender, ethnicity, education, professional status, number of employees, working time, as effective in job violence (24). Bakel (1990) writes: the most important factors that increase job violence involves of work, social and cultural factors that they have association with the patients and their family members (25). Babai et al., (1393) know personnel management, environmental factors as job violence factors (26). The job violence is important because it is along with numerous complications that health personnel and system administrators involved in it. Physical violence and verbal threats can limit work days, activity, property loss, employment termination, jobs change, medical treatment and even death (14). Unfortunately, the numerous acts of violence, physical and psychological effects on the shares that in brief are as follows: Physical injuries, migraine, (16) anger, fear, depression, anxiety, tension-type headaches (27) guilt, decrease of confidence and abilities belief and has adverse effects on the quality of patient care (28). And in case of management failure and structural remedy, and undoubtedly cause power deficiency and lack of interest in the staffs. The Western Australia Government reports the number of nurses is taken down because of violence against the personnel (30). Emphasizing the eternal respecting rights of patients to medical personnel. While it should be noted that this right should be equal for both regular personnel and also for the patient and his relatives. So that without facing violence can have a relationship with others in the environment and in the case of dealing with any kind of violent behavior, legal action do (31). A lot of costs imposed in relation to the use of violence, for example, health systems in the U.K. against medical personnel violence causes a cost equal to the 30 million pounds per year.

Furthermore, since violence often lead to soreness in personnel, it cause undesirable effects on

the quality of patient's care as well as (32). With regard to the role of midwives to women recommendations during pregnancy, labor and delivery, postpartum period, increasing the job satisfaction of this group can improve the quality of care that received by patients, as well patient's satisfaction to improve health services. With regard to the mentioned contents importance of the subject, violence and job related factors is clear; Therefore, this research is also looking for such a codification of Apostolic and it is to be able to specify the amount of occupational violence against midwives and its related factors in Khuzestan Province, the status quo is clear and provide a combination of solutions.

MATERIALS AND METHODS

In this descriptive analytical study, based on information that collected through the questionnaire, we completed it with a stratified sampling method. This is based on the percentage of individual's population, the sample size and inventory. At first, in the statistics midwife number of Khuzestan province determined. According to the Cochran sample size were 360 individuals but to ensure more selected 10% as loss; and finally selected 400 as an example. Target-based sampling of selected cities in the province among society midwives was based on entry and exit criteria. Inclusion criteria: employed midwife and his interest to cooperation, Inclusion criteria: work experience less than 1 year. Methods of sampling: two-stages cluster sampling. In this case the first 5 cities of Khuzestan Province selected random (between the northern cities of East, West, South, and central province of Khuzestan). Then a list of hospitals and health centers and five the private Office selected cities and finally prepared 400 questionnaire between midwife hospitals, health centers and distribution Office.

Data collected by tools as demographic profile and Workplace violence's questionnaire. Demographic profile questionnaire verify the validity of 10 members of Ahvaz nursing and midwife the Faculty and after doing the necessary reforms, the final version edited. Workplace violence questionnaire with content validity set by Rahmani et al., (2009) (34). Validity of the questionnaire was estimated 0/81 by Cranach's alpha (34). For the analysis, information collected from the descriptive statistics and inferential statistics. In order to check the frequency distribution used descriptive statistics, absolute frequency, relative, average and standard deviation. Verbal violence and the relationship with the individual factors tested by Wi-Fi and Kramer- coefficient test.

RESULTS

With regard to 400 midwife and 230 reviewed Mamma (57.5%), in the past 12 months, verbal and psychological violence verbal violence rate were 50%. The results of this study indicated that the level of verbal violence against midwives were 57.5%, in most

statements, harassment and insults were 60% which is more than 60% of the patient's relatives and in financial time were 30%. According to table 1 the relationship between verbal violence and all components of the statistically were significant ($P \leq 0.05$).

Table 1: Prevalence of verbal violence against midwives

Psychological violence	Indicators	Frequency	percent	The cumulative percentage	The value of the Chi-square	degrees of freedom	of significant level
Verbal harassment in the last 12 months	yes	230	57/5	57/5	9	1	0/003
	yes	170	42/5	100			
	very much	23	10	10			
The amount of verbal violence	much	46	20	30	138	4	0/0000
	medium	115	50	80			
	few	23	10	90			
	A little	23	10	100			
Types of harassment	Insults	138	60	60	87/40	2	0/000
	Humiliation	23	10	70			
	Verbal threat	69	30	100			
Annoying person	The patient's own	46	20	20	156/40	3	0/000
	The patient's family	138	60	80			
	Midwife partners	23	10	90			
Day of the week	Managers and officials	23	10	100			
	Most days	230	100	100			
	When you visit the outpatient clinic	69	30	30			
The time to commit violence	When the examination in health centers	46	20	50	9/20	3	0/003
	When financial pony	69	30	80			
	When clearance	46	20	100			
Verbal violence committed	yes	230	100	100			

According to this study between working shifts, job experience, age, position, education, and meaningful relationship with the work environment there are verbal violence ($p \leq 0.05$). But between the verbal violence and variable working hours per week there is no significant relationship ($p \leq 0.05$) (Table 2).

Table 2: The relationship between the variables that associated with individual factors of verbal violence

The independent variables	The value of the Chi-square	Degrees of freedom	WiFi co-efficient and Cramer	A significant level of
Age	246/55	3	785/0	0/000
Job Experience	256/300	3	866/0	0/000
Working Shifts	708/126	1	0/563	0/000
Job Position	362/489	4	0/952	0/000
Education	115/016	2	0/536	0/000
Job Environment	290/54	4	0/852	0/000
Working Hours per Week	4/643	3	0/113	0/200

DISCUSSION

Occupational violence is along with numerous complications, health personnel and also along with health system (23). The finding of America indicates the increase of anger and nervousness in the work environment of hospital. This is a dilemma not only in oral form but also is in the form of physical encounters.

Among each job category navigation in America, England, every person who stated in the work environment, corresponds to the physical and verbal violence (46).

The results of this study indicated that the level of verbal violence against midwives were 57.5%, in most statements, harassment and insults were 60% which is more than 60% of the patient's relatives and in financial time were 30%.

According to table 1 the relationship between verbal violence and all components of the statistically were significant ($P \leq 0.05$). The present result is consistent with the results of Nikjo, Sajebi (2012), Simpson et al., (2006), and Mahmoud Abbas et al., (2001). But in a study of Aghili et al., (2011) overall age, sex and occupational status, work history, number of patients, the average working hours per week were cause verbal and psychological violence the statistically were not significant ($P \geq 0.05$).

The results of the present study was to examine the relationship between verbal violence of individual factors in table 2 showed that between age, working experience, working shifts, job position, education, working environment, verbal

communication there is a significant difference ($P \leq 0.05$). But between verbal violence variable work week, there was no significant relationship ($p \geq 0.05$). These results are along with the results of Ammari, Aghili Neghad et al., (2011), Rashidi (1392), Babaei (1393), Bakel (1998). High incidence of verbal violence against the personnel and its harmful effects cause huge cost for health care system, that is significant and when there is no management for high incidence of violence against midwifery personnel and the complications arise huge cost. According to the study, the first step in the field of frequency of verbal violence against midwives is the study of frequency that we can use it as base study in future studies.

CONCLUSION

According to the findings, verbal violence against midwives is common, and has relations with many individual factors, and associated effects are significant so we need more study in this regard.

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