



Workplace Violence Against Nurses and Its Reduction Strategies in Iran

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Dear Editor,

Workplace violence is one of the most important and complex challenges for the health system. Hospital staff, including nurses and doctors, has a high risk of exposure to workplace violence (1). Studies have shown that the prevalence rates of physical and verbal workplace violence against nurses in Iran are 28% and 74%, respectively; however, 48% of the cases of workplace violence are not reported by nurses (2). The prevalence of depression among nurses in Iran is estimated at 22%, which is higher than the rate in the general population (3). In other studies, the prevalence of post-traumatic stress disorder (PTSD) among nurses in the emergency department was 94% (4). These studies show that the prevalence rates of workplace violence, depression, and PTSD are high among Iranian nurses. Violence in the health care system may occur in a variety of ways, such as verbal threats or physical violence, leading to reduced working days, reduced efficiency, end of employment, the need for medical treatment, job turnover, and even death. Many stressors in nurses' work environment can cause job erosion and continuous exposure to workplace violence can have many complications for their family, social, individual, and organizational lives. Since nurses, as the largest providers of health services, play an important role in improving patients' health and well-being, their needs must be given special attention. Therefore, it is suggested that violence against nurses be reduced by:

1- Promoting community and organization culture by informing people of job descriptions, difficulties and limitations in the nursing profession, and reducing irrational expectations of nurses. To achieve this goal, one can use several methods, including the use of the significant role of art and media, changing top-level nursing managers to

change the culture of the organization, the use of ideas, initiatives, and participation of nurses, patients and their companions for reducing violence, and promoting the use of foundations of religious culture in educational content (1).

2- Improving nursing managers' approaches through leadership and appreciation of nurses to develop their abilities, developing violence prevention programs, the openness of the communication line between nurses and managers, and strong and legitimate treatment of offenders against the rights of nurses (5).

3- Establishing a threat and violence management team in the hospital along with a comprehensive description of tasks (5).

4- Periodic shifting of nurses' workplace (6).

5- Periodic assessment of the mental health of nurses by a psychologist or psychiatrist, followed by medical and supportive measures if necessary (7).

6- The constant presence of psychologists, social workers, and religious authorities in the hospital and making interventions during anxiety, violence, and grief of the patient and his companion to calm and teach effective coping methods to solve or adapt to issues related to disease and death (7).

7- Increasing the ratio of nurse to bed, providing nurses' financial claims and reducing the amount of mandatory overtime work to increase nurses' satisfaction and reduce their job burnout (8).

Footnotes

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