Critical Care Nursing
Journal home page: www.inhc.ir
Iran J Crit Care Nurs 2012;5(2):87-94

Analysis of Intensive Care Nurses' Workplace Violence

Mohammad Ali Cheraghi [1], Nesa Noghan[2], Abbas Moghimbeygi[2] , Ali Bikmoradi[2*]
1. Faculty of Nursing and Midwifery, Tehran University of Medical Science, Tehran, Iran.
2. Faculty of Nursing and Midwifery, Hamadan University of Medical Science, Hamadan, Iran.

ARTICLE INFO

Article type:
Original article

Article history:
Received: 13 Jul 2011
Revised: 2 Jan 2012
Accepted: 30Jan2012

Keywords:
Violence
Workplace
Intensive Care Nurse
Hospital

ABSTRACT

Aims: Effect of workplace violence is one of the most important reasons for leaving the nursing profession. This study aimed to assess the vision of intensive care nurses about workplace violence.
Methods: A cross sectional study was conducted on intensive care nurses of Therapeutic and Educational Centers of Hamadan in 2009. By using quota sampling, a number of 170 nurses were selected. Data gathering tool was the modified Minnesota Workplace Violence Questionnaire which included 52 questions. Data were analyzed using SPSS 16 software and by descriptive statistics.
Results: Prevalence of violence was 74.1%, most common kinds of violence were verbal misbehavior, threatening, physical battery and sexual assault and the most violence was from patients and their accompanies. The most violence was reported verbally and legal pursuit was little and the most common reason for that was nurses' feeling that it is useless. Most of the nurses were dissatisfied with violence management in their institute.
Conclusion: Despite high prevalence of violence, written reporting and legal pursuit of it was low. It seems, workplace violence can be reduced with educating the nurses, managers' support, patients' accompanies under surveillance, empowering the guarding unit and effective inter-individual relationship.

Please cite this paper as:
Cheraghi M A, Noghan N, Moghimbeygi A, Bikmoradi A. Analysis of intensive care nurses' workplace violence. Iran J Crit Care Nurs 2012;5(2):87-94.

1. Introduction

Violence by surpassing ethnic, economical, social, religious, educational, sexual, occupational and age boundaries has broken out as an epidemic issue effective on society's health; as it has not left health and therapeutic careers alone [1]. Workplace violence has become a warning universal phenomenon whose real expanse is not known and the data available which shows our knowledge is hardly the iceberg of it. Workplace violence is a reflection of growing of all aspects of violence in every part of social life which we see in different parts of the society [2].

Several definitions and categorization methods have been suggested for workplace violence [1, 3-5]. According to World Health Organization (WHO) and International Council of Nurses (ICN)'s definition, workplace violence takes place when employees are subject to misbehavior,

*Correspondence Author: Ali Bikmoradi, Faculty of Nursing and Midwifery, Hamadan University of Medical Sciences, Hamadan, Iran. Tel:+988118380439
E-mail: bikmoradi@umsha.ac.ir

[Downloaded from jccnursing.com on 2026-11-17]

threatening or offense in situations related to their job (at work or on the way from/to work), so that this event makes explicit or potential difficulty for their safety or health in every aspect and feeling of comfort or welfare [1].

Violence in job careers which are directly in contact with people having physical or mental disorders is so common that as a myth (wrong belief) many think that it is an inevitable part of their job [1, 6]. Characteristics of health care system, especially in developing countries have a noticeable effect on outbreak of violence in workplace [2, 7]. Some of these effects are lack of human sources, feeling of threat in some geographical regions or special workplaces, conflicts in workplace, working shifts and other aspects of working in health care sections [5, 7]. In workplace violence cases have no or little effect even taking advantage of the best educational system, institution management policies and planning related to human sources [1]. Although hospital is considered traditionally as safe shelter for all to get care and attention at least temporarily; but regarding increasing growth of violence in society and its transmission to social organizations and institutions, hospitals has lost its safe and respected setting [6, 8]. Moreover, according to experimental evidences, this imagination which violence being restricted to emergency and psychiatry units is not true and in fact violence is moving ahead to other units and consequently, nobody is safe in any unit of the hospital anymore [8]. Results of some researches signify that employees of health system especially nurses are more than other care and therapeutic careers, even more than prison guards, security forces and police subject to violence in workplace [3]. Influences of workplace violence are of a kind that nurses mention that as one of the most important reasons of quitting nursing career [7]. Violence may take place anywhere in the hospital and according to a report from United States' Occupational Safety and Health Administration (OSHA) in 2004 it is more prevalent in psychological and behavioral departments, emergency unit, waiting rooms, the elderly unit and long time care facilities. However, recently violent behaviors have been seen and are increasing in adult, neonatal and pediatric intense care units [6, 9].

Workplace violence is a managerial issue which can affect institute's function and by turning the workplace into an unsafe and hostile place, not only can leave a negative effect on employees' function and their professional connections, but also lowers the quality of care given to the patient [10]. Providing safety and job security is also a managerial criterion which needs employees and manager's participation in programming, organizing, conduction, control and setup of missions [5].

Tension-making nature of caring patients with severe situation in ICUs, professional nature of cares, hierarchical structure of care group, lack of nurses in comparison to world standards, isolated environment of these units, connection with patients' families who are under severe tension, stress and mental and behavioral disorder caused by stress making conditions and death panic of their beloved ones have made a potential ground for outbreak of different kinds of workplace violence in intense care units [9]. Above mentioned items are ones which show the need of special researches about violence in the workplace of intense care unit nurses. This research was carried out with the aim of studying intense care unit nurses' workplace violence in therapeutic and educational centers of the city of Hamadan.

This research was a descriptive-analytical study of cross sectional kind. Statistical society of the study consisted of all nurses working in intense care units (emergency, burns, dialysis, general, coronary, pediatric, neonatal and open heart surgery intense care units) in therapeutic and educational centers of University of Medical Sciences in the city of Hamadan. From the nurses willing to take part in the research and working in the above units, 170 people was randomly categorized and filled out the questionnaires. Data gathering tool was a questionnaire translated from English and adopted from workplace violence questionnaires of University of

[Downloaded from jccnursing.com on 2026-11-17]

Table 1: Individual characteristics of nurses under study

Individual characteristics	Number	Percentage
Age (years)		
< 25	32	18.8
26 – 30	60	35.3
31 – 35	47	27.6
36 – 40	17	10
> 40	14	8.2
Sex		
Woman	143	84.1
Man	27	15.9
Working experience (y)		
< 5	74	45.3
5.1 – 10	48	28.2
10.1 – 15	23	13.5
15.1 – 20	16	9.4
20.1 – 25	6	3.5
25.1 – 30	3	1.8
Education level		
BS	167	98.2
MA	3	1.8
Marital status		
Single	107	62.9
Married	63	37.1
Employment status		
Permanent	50	29.4
Contractorship	82	48.2
Internship	27	15.9
On contract	11	6.5
Working unit		
CCU	25	14.7
ICU	32	18.8
OHICU	18	10.5
PICU	8	4.4
NICU	22	12.9
Emergency	48	28.2
Dialysis	11	6.4
Burns	7	4.1

Minnesota, WHO and ICN [1, 11]. According to the review on the related texts, workplace questionnaire of University of Minnesota was not used in any research except the research done in the University of Minnesota [12-15], but the questionnaire of WHO and ICN was used in some researches such as some in Iran [15]. Only 13 questions about workplace violence management were adopted from WHO and ICN questionnaire. The final questionnaire consisted of 52 questions (51 multiple choice question and 1 descriptive question). Face and content validity of the tool was confirmed by 15 faculty members of Hamadan University of Medical Sciences who were expert in psychiatric nursing, clinical psychiatry and psychology by their recommended modifications. To determine the perpetuity of the tool Test -Retest method was used during which a preliminary study was performed on 20 of the nurses having the requirements within two weeks. McNemar and Kappa tests (for qualitative and quantitative variables respectively) showed that answering variation was not statistically significant in these two phases ($p>0.8$). Questionnaires were anonymous and the nurses put them in the pocket, taped the pocket and handed it over to the distributer of questionnaire. Data from the questionnaires was statistically analyzed by SPSS16 software and using descriptive statistics, correlation coefficient, Qui square and Fisher's exact test.

1.1. Restrictions of the research

In the current study workplace violence was studied from the individuals' viewpoint and by self testimony. In such testimonies always there is a scruple that persons do not tell the truth as it is because of legal and ethical issues. It is obvious in this case more qualitative and deeper studies are needed.

1.2. Ethical considerations

This research was approved in 2009 by the ethical committee and research council of the Hamadan University of Medical Sciences. After getting required formal licenses and introduction letters from research secretary of the university and informing the director, managers and supervisors of educational and therapeutical centers of Hamadan, the researcher went to the centers in different shifts of morning, evening and night and after getting their satisfaction, distributed the

[Downloaded from jccnursing.com on 2026-11-17]

questionnaires to the nurses sharing the requirements for entering the study. It was mentioned in the questionnaire that the information will be kept confidential and there is no need to write the name.

2. Results

Findings of the research revealed that 54.1% of intensive nurses were younger than 30 years old (30.88 ± 5.96), 60% of them graduated in nursing BS within recent ten years and 70% of them had working experience less than ten years (7.9 ± 6.23) which shows their youth. 84.1% of nurses were women. Only 29.4% of nurses were formally employed and the rest were employed on contract, through contractorship or were on internship. Most of them (28.2%) were working in emergency unit. Regarding knowledge about workplace violence, most of them (57.1%) were aware of this issue and the rest had no knowledge of it. Although, most of them (84.1%) had no willing to learn anything about different aspects of workplace violence (Look at the table no. 1).

Generally 74.1% of studied nurses had faced workplace violence which, in the order of frequency, included: verbal misbehavior (64%), threatening and intimidation (27.93%), physical battery (7%) and sexual assault (1.07%) (Look at the table no. 2).

Most committers of verbal misbehavior to ICU nurses were patients (31.8%) and their companions (31.8%). Patients' companions (44.4%) and patients (34.3%) threatened ICU nurses. ICU nurses were beaten by companions (60%) and patients (40%); although most committers of sexual assault were doctors (66.7%) and patients' companions (33.3%). In all kinds of violence most committers of them were men (except sexual assault which was the same for all sexes). For all kinds, most committers were middle-aged. In all kinds of violence, in most cases nurses were not aware of committers' disorder (mental or physical). And all kinds of violence were done to the nurses face to face and no violence was reported via telephone, post and email. Periodicity of all kinds of violence in most units was once a week or once a month. Although in the emergency unit this periodicity was more frequent and was even reported up to several time a day.

In case of consequences of workplace violence except for OHICU and PICU for which no physical injury was reported, in other units especially emergency, different kinds of injury were reported and most of them was such as irritation, bruise and contusion. Among mental harms subsequent to the violence, most of the nurses reported different symptoms like anger (16.4%), fear, anxiety and stress (9.2%) and exhaustion (12.8%). In all cases of violence in all units under study, no one (61.4%) or the nurses themselves (26.6%) had tried to cure the nurse subject to violence. No nurse subject to violence was hospitalized.

In case of displacement or change in occupational situation, 97% of victim nurses under study have not tried for any change and only 3% of them tried displacement to another

Table 2: exposure of nurses with different types of workplace violence

Unit Name	General violence experience		Verbal misbehavior		Threatening		Physical battery		Sexual assault	
	F	P	F	P	F	P	F	P	F	P
CCU	21	72.4	17	58.6	12	41.4	4	13.8	0	0
ICU	27	75	26	72.2	10	27.8	2	5.6	0	0
OHICU	8	44.4	6	33.3	1	5.6	0	0	0	0
PICU	8	100	8	100	4	50	0	0	0	0
NICU	16	69.6	16	69.6	2	8.7	1	4.3	1	4.3
Emergency	51	91.1	50	89.3	27	48.2	7	12.5	1	1.9
Dialysis	3	27.3	3	27.3	2	18.2	0	0	0	0
Burns	6	85.7	7	100	2	28.6	1	14.3	0	0

F= Frequency, P= Percentage

[Downloaded from jccnursing.com on 2026-11-17]

unit or using vacation. Most of the nurses (95%) have mentioned no limitation in occupational or non occupational activities and no absence after experiencing violence and 5% had used vacation and changing turns. Most of them had not used vacation because of being subject to violence.

Regarding the process of reporting the workplace violence, in all cases of facing violence (except sexual assault), nurses had witnessed violence against their colleagues several times and most of the cases were verbal misbehavior (48.8). In most cases violence was reported verbally (52%), but unreported cases were not so few (19.5%). The most important reason for not reporting the violence was firstly feeling that it is no use to report it (61.7%) and secondly fear of consequences of reporting (21%).

Regarding managerial measures taken about nurses' facing workplace violence more than 90% of managers had considered it a serious problem. More than 75% of managers studied thought of workplace violence against nurses as unpreventable. More than 88% of nurses were dissatisfied with violence management in their institute. Almost half of the nurses had stated that there is a strategy for dealing with workplace violence but 37% of them were not aware of that. 60% of nurses mentioned that after workplace violence's taking place there was actions taken to realize its cause. But in 70% of the cases no one was custodian for realizing its cause. Also in more than 50% of cases there was no legal confrontation with committers of violence and rate of verbal cautions and reporting to the police was low (20%). The most frequent action taken against workplace violence safety measure was only attending of guards (94%) and the most education given to the nurses related to workplace violence was communication skills.

3. Discussion

In this study most of studied nurses were young. In Vessey's research the average age of nurses was reported 49 years and it was emphasized that workplace violence intensifies lack of nurses and especially new coming nurses are the most in danger and rate of their resignation in first year reaches 60%. The nurse who is victim of violence is a weak link in the care team who is more likely to seek employment in another place inside or outside of the health care system [1]. It seems that experiencing violence is along with some special characteristics such as inexperience or youth [2]. Employees' inexperience is considered as one of factors increasing the rate of violence [3]. Most of the nurses under study were women. Among factors increasing the potential of violence outbreak is the nurse's having small body or being female [2]. Social structure is one of effective factors on outbreak of violence and in some cultures physical violence, sexual assault and verbal misbehavior against women are accepted traditionally, although surreptitiously [3]. Generally women are more subject to workplace violence and according to WHO report most of employees of health care system are women [4]. Most of nurses under study were not permanent employees. Amongst factors increasing the potential of violence in WHO and ICN's point of view are receiving less payment, panic of unemployment, insecurity related to retirement and existence of different kinds of contract in public sector with different payments for doing the same job [3, 4].

Most of nurses studied worked in emergency unit (28.2%). units with more traffic and more stress like emergency are the most difficult places to protect the nurses and usually most cases of offense and workplace violence are reported by emergency nurses [5]. Many of the nurses and employees of educational and therapeutic centers think of workplace violence in emergency unit as part of the nature of their job and reason that to work in emergency one should consider workplace violence as part of their job. Although Emergency Nurses Association (ENA) has the opposite opinion and in their statement in 2006 they have declared that health care institutes have the responsibility for providing their employees and all people with safe and secure environment [6]. ICU nurses and especially emergency nurses have the right to

[Downloaded from jccnursing.com on 2026-11-17]

protect themselves and their patients from harms caused by workplace violence by taking proper measures [7]. Despite that acute and progressive care units are not aware of different kinds of workplace violence which may take place in these units [8].

According to the instruction given by OSHA all of the employees should be educated to deal with agitated and potentially offending clients [9]. Teaching methods of aggression reducing and anger management is effective on reducing number of workplace violence cases [10]. Nurses must be trained about job safety methods and exercise them [7]. It seems that fresh graduates have weaker inter individual communication and management abilities which is considered as the main cause of quitting their job. The necessity for educational planning for nursing students and fresh graduates is of priority. Introducing proper sources of study about workplace violence and controlling it in educational programs of different courses for students provides them with the knowledge of prevention, control and management of workplace violence and helps them develop professional and social skills required for progress in hard environments of health care system. These educational programs should also be prepared for nursing managers because teaching a new comer nurse methods of dealing with workplace violence is useless while senior nursing manager and unit director are not aware of that and even maybe such behaviors are normal to them and have not necessary tools to deal with them [1].

74.1% of nurses under study had faced workplace violence and most of it was verbal misbehavior. Generally findings of other researches also signify spread of verbal violence in the workplace [1, 2, 4, 6, 10-17, 22]. However while interpreting findings about other kinds of workplace violence this point should be taken into account that feeling of being subject to misbehavior is a subjective issue and despite that in this study we have tried to help make the issue of violence objective by obtaining definitions, nurses' intrinsic impression was inevitable and it was possible some of them, because of private nature of the issue, had not given the exact answer especially about non verbal kinds of violence in the workplace. Especially about sexual assault different perception of men about this issue and women's fear of talking about that may interfere with sorting victims on the basis of their sex [4].

In this study the most committers of violence were patients and their company which was according to other studies [4, 15, 18-21, 23]. Regarding that patients and companions are the main committers of violence in workplaces in different societies, it is necessary to develop solutions for managing their traffic and accompanies in different hours of the day and to inform them about nurses' rights, hospital's regulations and consequences they may encounter as a result of committing violence in educational and therapeutic centers' workplace in an appropriate way.

It is so long workplace violence has been tolerated in health care system. Sometimes workplace violence is called "nursing silent epidemic" and even may be accepted calmly by nodding a head and continue due to failure in planning to end it. This results in indifference about workplace violence and lack of willing to report and pursue it by victims. Overcoming the wrong belief that patients, their company and visitors' misbehavior is natural due to their special situation is the first and the most difficult step to take to end workplace violence against nurses. Workplace violence is the cause of nurses' reduction in efficiency, displacement and change in working position, absence, costs of consulting, low morale and reduction in life quality. Another effect of workplace violence is reduction in the quality of care given to the patients. Sensible effects of workplace violence are physical injury and inability, but it has more effects which are not so apparent. Sleep disorders, weak job performance, low morale, chronic pains, nightmares and remembering the violent event are other effects are reported by the nurses [9].

The rate of written reports of workplace violence was low in this research. In Salimi's

[Downloaded from jccnursing.com on 2026-11-17]

research also, this rate was reported to be low. 30.7% of verbal cases and 64.2% of physical cases of violence were reported. The reason of not reporting them was the belief that it is useless and not caring for that [19]. The cause of not reporting the violence in Zamanzadeh's research was mentioned as the events' being not important or the report's being useless [18]. Salimi states there are not any legal systems related to workplace violence and most of the cases will not be pursued. So the personnel have no reason to pursue them. In-charges of educational and therapeutic centers also prefer silence and indifference about such problems. So, although nurses know it is their right to take a legal action against workplace violence, they also know they would not get anything through that and most of them prefer call off and forget about the violent event in the workplace [19].

4. Conclusion

The most frequent kind of violence was verbal misbehavior like other studies, consequently it is necessary to teach communicational and anger management skills to nurses in all levels. Regarding 50% knowledge of nurses about workplace violence, adding a topic with this content to bachelor nursing educational curriculum is unavoidable and continuous education as well. Nursing continuous education will be also efficient on different aspects of workplace violence by educational courses, workshops and seminars. More than 80% of nurses had no willing to gain their knowledge about workplace violence because they believed that their institution has weak management and strategies for workplace violence and insufficient support for nurses as well. So It seems, to be necessary which managers learn about workplace violence; prevention, control, coping and management. Entrances and exits of Therapeutic and Educational Centers should be controlled well by educated and skillful guards. Police attendance in the Therapeutic and Educational Centers and their legal interference will have so beneficial effects and even it can be the start point of legal pursue of workplace violence. Nurses should be encouraged to report in written form all cases of violence. Managers should assess and monitor these records in order to clarify aspects of workplace violence. Managers improve and promote the effectiveness of health care system by giving service to the nurses who are violence victim by supporting these nurses and increasing their respect and job motivation, because the main stem of health care system is based on nurses' service. It is good for the media and custodians of system to introduce the profession of nursing to the society and by teaching the correct culture of accompanies in the hospital prevent mendacious expectancy from care team, since clients' unawareness of care team's job description and the nurses' being on the frontline are the main factors of violence against nurses. The process of pursuit should be clear and facilitated enough for the victim nurse's right not to be wasted. National council of nursing also should be decisive to codify the ethical and legal codes for nurses who should emphasize on meeting the mutual rights and respect of patient and nurse.

5. Acknowledgement

Hereby, the author wishes to thank the Hamadan University of Medical Sciences for approving and providing budget, and managers and nurses who help to conduct this study in ICUs of Therapeutic and Educational Centers of Hamadan University of Medical Sciences.

References:

1. Dimartino V. Workplace violence in the health sector: country case studies. World health organization [website on the internet]. Geneva: World Health Organization; 2003 [updated 2003 November; cited 2010 December]. Available from http://www.who.int/.
2. Krug EG. World report on the violence and health. 1st ed. Geneva: World Health Organization. 2002.
3. Rumsey M. National overview of violence in the workplace. Royal college of nursing Australia [website on the internet]. Melbourne: Royal college of nursing Australia; 2008 [updated 2008; cited 2009 July]; Available from: http://www.rcna.org.au/.

[Downloaded from jccnursing.com on 2026-11-17]

4. McPhaul KM. Workplace violence in health care: recognized but not regulated. The online journal of issues in nursing (OJIN) [website on the internet]. Maryland: American nurses association; 2004 [updated 2009 December; cited 2010 April]; Available from: www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume92004/No3Sept04/ViolenceinHealthCare.aspx. .
5. Ris R. Safety and occupational health management. 1st ed. Vol 2. Translated by Delkhosh, M. Tehran: Fannavaran; 2009.
6. Stokowski LA. Violence: Not in my job description. Medscape [website on the internet]. New York: WebMD LLC; 1994-2011 [updated 2010 September; cited 2011 April]; Available from: http://www.medscape.com/viewarticle/727144.
7. Guidelines on coping with violence in the workplace. 1st ed. Geneva: International Council of Nurses.2007.
8. Stokowski LA. A matter of respect and dignity: bullying in the nursing profession. Medscape [website on the internet]. New York: WebMD LLC; 1994-2011 [updated 2010September;cited2011April]; Available from: http://www.medscape.com/viewarticle/729474.
9. Alexy EM, Hutchins JA. Workplace violence: a primer for critical care nurses. Crit Care Nurs Clin North Am. 2006;18:305-12.
10. Kisa S. Turkish nurses' experiences of verbal abuse at work. Arch Psychiatr Nurs. 2008;22(4):200-7.
11. Gerberich SG, Church TR, McGovern PM, Hansen HE, Nachreiner NM, Geisser NS, et al. An Epidemiological Study of the Magnitude and Consequences of Work Related Violence: The Minnesota Nurses' Study. Occup Environ Med. 2004;61(6):495-503.
12. Ray MM. The Dark Side of the Job: Violence in the Emergency Department. J Emerg Nurs. 2007;33(3):257-61.
13. Hodge AN, Marshall AP. Violence and aggression in the emergency department: A critical care perspective. Aust Crit Care. 2007;20(2):61-7.
14. Kwok RP, Law YK, Li KE, Ng YC, Cheung MH, Fung VK, et al. Prevalence of Workplace Violence Against Nurses in Hong Kong. Hong Kong Medl J. 2006;12(1): 6-9.
15. Zamanzade V, Soleymannejad N, Abdollahzade Mahlani F. The nature of violence against nurses working in South Azerbaijan provinces' Hospitals. Med J TABRIZ Univ Med Sci. 2008;29(2):61-6.
16. Vessey JA, DeMarco RF, Gaffney DA, Budin WC. Bullying of staff registered nurses in the workplace: a preliminary study for developing personal and organizational strategies for the transformation of hostile to healthy workplace environments. J Prof Nurs. 2009;25(5):299-306.
17. Celik SS, Celik Y, Agirbas L, Ugurluoglu O. Verbal and physical abuse against nurses in Turkey. Int Nurs Rev. 2007;54(4):359-66.
18. Danesh VC, Malvey D, Fottler MD. Hidden workplace violence: what your nurses may not be telling You. Health Care Manag. 2008;27(4):357-63.
19. Franz S, Zeh A, Schablon A, Kuhnert S, Nienhaus A. Aggression and violence against health care workers in Germany - a cross sectional retrospective survey. BMC Health Serv Res. 2010;10:51.
20. Stanley A. Emergency department nurses' experiences and perceptions of workplace violence. Cambridge: Proquest dissertation and theses [website on the internet]. Proquest LLC; 2011 [updated 2008; cited 2010 April]; Available from: http://proquest.umi.com/pqdlink?Ver=1&Exp=06-30-2016&FMT=7&DID=1622191091&RQT=309&attempt=1.
21. Salimi J, Ezazi Ardi L, Karbakhsh Davari M. Workplace violence against nursing personnel of nonpsychiatric emergency wards. Sci Journal of forensic medicine. 2006; 12(4): 202-9.
22. Qasemi M, Rezaee M, Fathi Ashtiyani A, Mirzaee P, Joneydi Jafari N. Exposure of nurses with physical violence in Baqiatollah university's hospitals. J Milit Med. 2008; 9(2):113-21.
23. Qodsbin F, Dehbozorgi Z, Tayari N. Survey on prevalence of violence against nursing personnel. Daneshvare. 2009;16(78):43-50.

[Downloaded from jccnursing.com on 2026-11-17]