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Nurse Manager Perceptions of work environment factors associated with violence of patients or their relatives against nurses in Iran: A qualitative study

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ABSTRACT

Aim: To explore the perceptions of nurse managers of the work environment factors associated with violence of patients or their relatives against nurses in teaching hospitals.
Methods: This qualitative conventional content analysis study was conducted in 2017. A purposeful sample of sixteen nurse managers who had experiences of workplace violence was recruited. Study participants were selected from teaching hospitals affiliated with Medical Sciences Universities in Tehran, Iran.Data were gathered through unstructured interview method. Sampling and data collection were continued until reaching data saturation.
Results: Our participants' experiences of work environment factors associated with violence of patients or their relatives against nurses came into five categories including insufficient knowledge of patient or relatives about nurses' responsibilities; shortage of resources that pave the way for conflict; perceived threat of patient or family from illness; stressful nature of nursing tasks; legal requirements for the care of offensive patients.
Conclusions: To protect the safety and health of nurses, nursing managers must make appropriate decisions about the human and non-human factors that are the causes of violence of patients or their relatives against nurses. Findings of the study can be helpful in enhancing understanding of the conditions and factors which influence the incidence of violence against nurses.
Keywords : Nurses, nurse managers, patients, violence, workplace

INTRODUCTION

Workplace violence is considered an important challenge for healthcare providers (OSHA, 2015). Nurses experience more violence than other health care providers (Campbell et al., 2011; Schablon et al., 2012). Workplace violence is considered a major concern for many nurses (Alameddine, Mourad, &Dimassi, 2015; Hutchinson, Jackson, Haigh &Hayter, 2013). Research on the causes of violence in the workplace suggest that patients and their relatives are the most important sources of violence (Banda, Mayers, & Duma, 2016; Dehghan-Chaloshtari, &Ghodousi, 2017; Venkateswararao&Sujana, 2019). In addition, environmental and communication factors have also been identified as causes of violence in the workplace (Angland, Dowling, & Casey, 2014; Zhou et al., 2017). Studies have shown that critical conditions in the patient, strict rules for visiting hours, shortages of personnel, and misunderstanding of how nurses work, and hospital ward congestion can lead to violent behavior in patients or, their relatives (Gacki-Smith et al., 2009; Kalantari, Ghana, Hekmatafshar, Sanagoo, &Jouybari, 2014; Pompeii et al., 2013; Sohrabzadeh, Menati, &Tavan, 2014). Nursing managers play an important role in maintaining a healthy and safe environment for nurses (Ditmer, 2010; Maulik, 2017; Al-Esami et al., 2018). A study shows nursing managers can solve the problems of violence-exposed nurses (Esmaeilpour, Salsali, &Ahmadi, 2011). According to Ganz, Wagner and Toren (2015), the behavior of patients and relatives to nurses often creates difficult ethical conflicts for middle nursing managers. Sato, Yumoto and Fukahori (2016) also reported that nursing managers make decisions based on internalised ethical values, that is, maintaining organisational functioning, keeping staff safe, advocating for the patient/family and avoiding moral transgressions in dealing with patient violence against nurses and to manage violence. They showed that nursing managers can support nursing staff with a sense of responsibility and management decisions. Therefore, nursing managers have a great deal of ethical responsibility for solving or preventing violent behaviors in the nursing workplace. Moreover, nurse managers are the critical link between management and nurses, and they can contribute for a better understanding of workplace violence against nurses. Also, nursing managers can adopt essential strategies to limit or stop violence against nurses and help to return to pre-violence situations.

Current research on violence in nurses 'work environments is mainly related to violent situations from the nurses' perspective (Cheung & Yip, 2017; Hemati-Esmaeili, Heshmati-Nabavi, &Reihani, 2015). Given that there is an information gap that reflects nurse managers' perceptions and attitudes toward violence in nursing workplaces, this study aims to explore the experiences and perceptions of nursing managers about the factors affecting the patients or their families' violence against nurses in the workplace.

METHODS

Study Design: This qualitative content analysis study was performedin 2017. Qualitative content analysis is a method

used to interpret the meaning of the content of text data (Hsieh & Shannon, 2005). In conventional content analysis, the categories are extracted directly from the data (Zhang & Wildemuth, 2009). The advantage of using this approach is that the knowledge generated is based on the participants' unique perception, without imposing theoretical views or preconceived categories (Hsieh & Shannon, 2005).

Setting and Participants: The setting of this study was hospitals (five hospitals) affiliated with Medical Sciences Universities in Tehran, Iran. Study participants were selected through purposive sampling. The selection criteria were: being a nurse manager in the levels of clinical supervisor and head nurse; having experienced at least a case of workplace violence, facing with cases of patients' and visitor's violence against nurses; and being able and willing to talk about their own experiences. Finally, sixteen nurse managers participated in the study (Table 1). After conduction fourteen interview, we reached data saturation and could not find any more new data in the interviews.

Data collection and data analysis: The data collection method was in-depth unstructured interviewing. The purpose of the research interview is to discover the views, experiences, beliefs, or motivations of individuals on specific issues. Therefore, when the exact information of the participants is needed, the interview is the most appropriate technique (Gill, Stewart, Treasure, & Chadwick, 2008; Günay et al, 2018). Before each interview, we visited the interviewee to determine the interview time and to create a good atmosphere for interviewing. All interviews were performed personally by a single interviewer in the nurse managers' room. The first author initiated the interviews by asking an open-ended question: " would you please explain about your experience of the work environment in which the violence of patients or their relatives occurs against nurses?" We used probing questions to discover additional details and a deeper understanding of interviewees' experiences. Some of the probing questions included "How did you take this decision?" "Would you please explain more about…?"" What do you mean by …?" The duration of the interviews ranged from 60 to 90 minutes. The interviews were immediately transcribed. The typed texts for each interview were checked several times for the correct writing of the audio files and for immersion in the data. Data analysis was conducted according to Zhang's systematic eight-step method, included preparing and sorting data; decision making for coding units; development of categories and a coding program; coding on a sample of text; coding all the text; assessing coding consistency; concluding from the coded data and, reporting the methods and findings (Elo, Kynga, 2008; Hsieh & Shannon, 2005; Zhang &Wildemuth, 2009; Vafaei et al, 2018). The categories and sub categories are shown in Table 2.

Rigor: Credibility, dependability, transferability, and confirmability to ensure the accuracy and trustworthiness were used according to the Lincoln and Guba's criteria (Sale & Brazil, 2004). Credibility of data was verified by continuous and prolonged engagement with the data, the subject matter, participants, and constant comparative analysis of data. We also returned our findings to participants to review and verify the accuracy of the findings. Peer checking is also employed. Dependability was obtained by a step by step presentation of the research process, and approval by two nursing professors who were experts in qualitative analysis. For transferability or fittingness, we provided a summary of the findings to several nurse managers who were not among our participants. They confirmed that our findings fit their experiences of the patient or their relatives' violence against nurses in the workplace. Finally, the confirmability of the findings was provided with clear description of the analysis process so that the readers can follow the process.

Ethical considerations: This study was approved by the Ethics Committee of our University (ethics approval code: IR.TMU.REC.1394.21). We obtained the necessary permissions to refer to the study setting and perform sampling. Before performing the interviews, we explained the purpose and method of the study for the interviewees and ensured them that they would be free to refuse participation in the study. Study participants' information was kept confidential. We obtained written informed consent from all participants before the interview started.

RESULTS

Five categories were emerged from the data namely, insufficient knowledge of patient or relatives about nurses' responsibilities; shortage of resources that pave the way for conflict; perceived threat of patient or family from illness; stressful nature of nursing tasks; legal requirements for the care of offensive patients. These categories are explained below (Table 2).

Table 1: Participants' Demographic Characteristics

Age	Range: 34 – 55 years Mean: 47.8
Gender	Male: 6 Female: 10
Education level	Master's: 2 Bachelor's: 14
Position	Supervisor: 7 Head nurse: 9
Management experience	Range: 1 – 15 years Mean: 7.4

Table 2: Categories and Subcategories Derived from Data Analysis

Categories	**Subcategories**
Insufficient knowledge of patient or relatives about nurses' responsibilities	Inadmissible expectations of the patient/relatives from nurses.
	Patient/relatives' unawareness of nurses' responsibilities.
Shortage of resources that pave the way for conflict	Conflict caused by the lack of equipment.
	Conflict caused by the shortage of manpower.
Perceived threat of patient or family from illness	Patient/relatives' emotions when they find out about the illness.
	Patient/ relatives' anxiety and stress about the illness.
Stressful nature of nursing tasks	Heaviness of nurse's duties.
	Harshness of work conditions for nurses.
Legal requirements for the care of offensive patients	Requirement to provide care in abusive situations.
	Requirement to tolerate the demanding patients.

Insufficient Knowledge of Patient or Relatives About Nurses' Responsibilities: One aspect of the experience of the nurse managers reflected the inadequate understanding of the patient or their relatives of the

responsibilities of the nurse that led to their violent behaviors toward nurses. Some patients or their relatives who attended the hospital did not have enough knowledge about the responsibilities of nurses in the treatment and care processes and felt that the nurses did not do their duties well. Believing that their rights have been violated, these patients or their relatives show violent reactions. Humiliation, disrespect, and attacking the nurse and hurting them were among their reactions.

"We have an addict patient who was insisting on injection of more pain killer. The nurse could not do it without doctor's permission. In this case, patient was upset and start yelling, insulting and, attacking the nurse". (A supervisor)

Shortage of Resources that Pavethe way for Conflict

Nurse managers noted that shortage of personnel and medical equipment create stressful situations for patients, their relatives, as well as for nurses. This, in turn, is a predisposing factor for violence and tension in the work environment. The anger and discomfort of patients or their relatives due to the delay in nurses responding, or, failure to meet their immediate needs, leads to confusion and anxiety, resulting in patients or relatives exhibiting violent behavior toward nurses on the ward.

"We have the shortage of equipment and personnel like wheelchairs, nurse assistants and, drivers to help patients for transportation from ambulance to emergency room. This causes them to get mad at nurses". (A head nurse)

Other nurse managers pointed out that the shortage of security guards to control the entry of visitors to hospital sections during non-visiting hours, also leads to conflict with nurses.

"Unfortunately, the lack of security guards causes loss of control on the number of patient's relatives and visitors, coming to the hospital wards. In some cases, it is hard to deal and responds to the relatives concerns and visitors who want informationabout their patients. This causes dispute between nurses and relatives or visitors". (A head nurse)

Perceived Threat of Patient or Family from Illness:

Other nurse managers reported that due to the seriousness of the illness of their loved once, sometimes patients or their relatives demonstrated anxiety, irritability and emotional instability. In these situations, sometimes, relatives of patients showed uncivil and offensive behaviors toward nurses.

"In some cases, because of the illness, pain and, suffering of the patients, they get upset, angry and, lose their control and, start yelling and insulting at the nurses". (A head nurse)

Stressful Nature of Nursing Tasks: Some nurse managers pointed out that nursing is a stressful profession and full of tension, that is the source of conflicts in the workplace.Heaviness of nurse's duties, the difficulty of working conditions, and the painful nature of dealing with unexpected violence during work support this observation.

"Nurses have set of duties; taking care of patients, coordination between hospital sections, following up doctor's recommendations, and well being of patients, or other duties. They have long shifts, plus demanding patients and, nagging of their relatives, whom complain about doctors or, lab technicians or, other affairs. All of these work environment factors make their job stressful and intolerable. Sometimes, these conditions have led to a dispute between nurse and patient or their relative and in some cases violence against nurse". (A supervisor)

The experience of a supervisor about the conflict in work, in the words of a nurse:

"Unfortunately, sometimes our sections are crowded and busy. I can only manage to deal with few patient relatives. After a while, I get tired and lose control and, get upset with the next relative". (Participant 14)

Another supervisor said: "In some occasions, a patient comes with many relatives. One of the relative starts getting crazy, shouting, swearing and, saying crazy stuff, but we have to tolerate them. In this work environment we are under a lot of pressure". (Participant 2)

Legal Requirements for the Care of Offensive Patients

Some nurse managers noted that nurses shall observe the rules determined by their organisation and hospital. Providing care and observance of patients' rights despite their violent behavior toward nurses and, also nurse's accountability for acting contrary to the organisation's policy about patient rights are legal requirements for nurses in the hospital.

"We have to tolerate the patients and be with them. We are not allowed to tell patients or, their relatives that we can-not admit you, because of your behavior or, disrespect. We can-not be hard on them. We must be nice with them and take care of them". (A head nurse)

Another remark was:

"We are not allowed to refuse admission of patients, because of the disrespectful behavior of their relatives. According to the hospital laws, under any condition we have to take care of patients. In a lot of cases, some patients get mad and are disrespectful to the nurses. Sometimes the nurses have their own concerns about the patients, but they do their work professionally and treat all the patients the same". (A supervisor)

DISCUSSION

This study explored the experiences and perceptions of nurse managers of work environment factors associated with violence of patients or their relatives against nurses. Study findings reveal that inadequate knowledge of patients or relatives about nurses' responsibilities, shortage of personnel and equipment, perceived threat of patient or family from illness, stressful nature of nursing tasks, and legal requirements for the care of offensive patients all are reasons for violence against nurses. These findings are discussed below.

One of the findings of our study reveals that the lack of knowledge of patients or their relatives leads to their unrealistic expectations from the nurses and to making demandsoutside of health services regulations. In many cases, this has led to violence against nurses in the treatment centers. In this regard, Speroni, Fitch, Dawson, Dugan and Atherton(2014) indicated that the nurses at higher risk of workplace physical or verbal violence by patients/visitors due to drug-seeking behavior, or drug- or alcohol-influenced patients. Similarly, studies show that

avoiding visits by patients' friends and relatives during non-visit hours is the most common cause of violence in the clinical settings (Boafo, 2016; Heydarikhayat, Mohammadinia, Sharifipour, &Almasy, 2012, Moradi, Sabzghabaei et al. 2020, Sabzghabaei, Akhtar et al. 2018). Another finding of the study reveals that shortage of personnel for timely delivery of health services to patients and families results in tension and quarrels with personnel. Also, the experiences of nursing managers reveal that the shortage of facilities and equipment exacerbates violence of patients/relatives against nurses. Moeini, FallahiKhoshknab, Hussaini and Dalvandi (2016) reported that the shortage of nurses or physicians and the lack of security measures are the most important causes of on-the-job violence against nurses. Heydarikhayat et al. (2012) referred to the equipment limitations and shortage of hospital beds are also important causes of workplace violence. In line with the findings of our study, Sisawo, Yacine, Ouédraogo and Huang (2017) suggested understaffing, shortage of supplies, insufficient number of security guards, and long waiting time are also risks of violent incidents at nurses' work place.

We also found that the occurrence of violent behavior by patients or relatives against nurses due to the inability to withstand the emotional stress caused by the conditions of the disease. What is certain is that hospitalization is not considered an enjoyable subject for anyone. In such a situation, any verbal response from nurses can lead to violent behavior of the patient or relatives. In this regard, Moeini et al. (2016) believed that patient's level pain is a factor for violent behavior against nurses. Pompeii et al. (2013) studied the characteristics of the workplace, the hospital staff, the patient and the persons who committed violence against the hospital staff. They determined that misunderstandings between the patient and caregivers, and unusual requests of patients are causes of violence. Regarding the misunderstandings of the relatives, Heydarikhayat et al. (2012) stated that the family's doubts about inadequate control of the patient's pain and the lack of timely treatment are important causes of threats and verbal violence against health care providers.

Study findings also reveal work pressure, due to overcrowding in hospital wards and long hours of shifts cause nursing job burnout. In some cases, these conditions have led to violence against nurses. According to Darawad, Al-Hussami, Saleh, Mustafa and Odeh (2015), the most common causes of violence against nurses in the emergency department were crowding and workload. Jiao et al. (2015) found work load is related to violent behavior. He states that one nurse is responsible for so many patients, and that sometimes even when she is not well she has to continue to work. In large hospitals, nurses usually work ten or eleven hours a day and when the patients' requests are not met at the right time, nurses would be targeted with patients' anger and dissatisfaction.

Another finding of this study was that the nurses must follow the instructions of the organisation and are required to provide care services to even those patients who may exhibit violent behavior in the workplace. In this regard, Stevenson, Jack, O'Mara and LeGris (2015) stated that after a violent event, in spite of the fact that nurses were the target of quarrelsome patients, the nurses had to provide some cares for the patients. According to Gates, Gillespie and Succop (2011), violent behaviors of patients or their relatives toward nurses and other health care personnel as part of their occupational responsibilities were perceived by nursing managers and management. Similarly, studies show that there is a misconception about the nursing job among nursing managers. They believe that violent behavior of the patients and their relatives toward the nurses is predictable and nurses are required to care of the patients (Cheraghi, Noghan, Moghimbeygi, &Bikmoradi, 2012; Teymourzadeh, Rashidian, Arab, Akbari-Sari, &Hakimzadeh, 2014; Maral et al., 2018, Sabzghabaei and Rastegar 2015).These studies imply that nurses are obliged to provide health care services to patients, despite the violent behaviors of patients or their relatives to them.

CONCLUSION

Nursing managers experienced different conditions and factors in the incidence of violent behaviors toward nurses by patients or their relatives in the workplace. To protect the safety and health of nurses as well as patients in such a work environment, nursing managers must make appropriate decisions about the human and non-human factors that are the causes of violence at work. Addressing the issue of patient's violence or their relatives against nurses at work from a nurse manager perspective will ensure attention to the wide range of influences that trigger this violence.

Limitations: The participants in this study were from hospitals affiliated with public Universities of Medical Sciences. Further studies might be conducted on to assess the nurse managers of private hospitals.

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Conflict of interest: The Authors declare that there is no conflict of interest.

REFERENCES

1. Alameddine, M., Mourad, Y., &Dimassi, H. (2015). A national study on nurses' exposure to occupational violence in Lebanon: Prevalence, consequences and associated factors. PLoS One, 10(9), e0137105.http://doi.org/10.1371/journal.pone.0137105
2. Angland, S., Dowling, M., Casey, D. (2014). Nurses' perceptions of the factors which cause violence and aggression in the emergency department: A qualitative study. IntEmergNurs, 22(3), 134-139. http://doi.org/10.1016/j.ienj.2013.09.005
3. Boafo, M.I. (2016). "…they think we are conversing, so we don't care about them…" Examining the causes of workplace violence against nurses in Ghana. BMC Nurs, 15, 68. https://doi.org/10.1186/s12912-016-0189-8.
4. Banda, C.K., Mayers, P., & Duma, S. (2016). Violence against nurses in the southern region of Malawi. Health SA

Gesondheid, 21, 4 1 5 -4 2 1. http://dx.doi.org/10.1016/j.hsag.2016.01.002.
5. Campbell, J.C., Messing, J.T., Kub, J., Agnew, J., Fitzgerald, S., Fowler, B.,Bolyard, R. (2011). Workplace violence: Prevalence and risk factors in the safe at work study. J Occup Environ Med, 53(1), 82-89. http://doi.org/10.1097/JOM.0b013e3182028d55.
6. Cheraghi, M.A., Noghan, N., Moghimbeygi, A., &Bikmoradi, A. (2012). Analysis of intensive care nurses' workplace violence. Iran J Crit Care Nurs, 5(2), 87-94.
7. Cheung, T., & Yip, P.S.F. (2017). Workplace violence towards nurses in Hong Kong: prevalence and correlates. BMC Public Health, 17, 196. https://doi.org/10.1186/s12889-017-4112-3.
8. Darawad, M.W., Al-Hussami, M., Saleh, A.M., Mustafa, W.M., &Odeh, H. (2015). Violence against nurses in emergency departments in Jordan: nurses' perspective. Workplace Health Saf, 63(1), 9-17.
9. Dehghan-Chaloshtari, S., &Ghodousim, A. (2017). Factors and characteristics of workplace violence against nurses: A study in Iran. J Interpers Violence, 1, 886260516683175. http://dx.doi.org/10.1177/0886260516683175.
10. Ditmer, D.A. (2010). Safe environment for nurses and patients: Halting horizontal violence. J NursReg, 3(1), 9-14. https://doi.org/10.1016/S2155-8256 (15)30327-6.
11. Esmaeilpour, M., Salsali, M., &Ahmadi, F. (2011). Workplace violence against Iranian nurses working in emergency departments. IntNurs Rev, 58, 130–137. https://doi.org/10.1111/j.1466-7657.2010.00834.x.
12. Elo, S., &Kynga, S.H. (2008). The qualitative content analysis process. J AdvNurs, 62(1), 107–115. https://doi.org/10.1111/j.1365-2648.2007.04569.x.
13. Gacki-Smith, J., Juarez, A.M., Boyett, L., Homeyer, C., Robinsonm L., & MacLean, S.L. (2009). Violence against nurses working in US emergency departments. J NursAdm, 39(7/8), 340-349.
14. Ganz, F.D., Wagner, N., &Toren, O. (2015). Nurse middle manager ethical dilemmas and moral distress. Nurs Ethics, 22(1), 43-51. https://doi.org/10.1177/0969733013515490.
15. Moradi, A., F. Sabzghabaei and M. Kalantar (2020). "The Available Clinical Approaches to the Management of Patients with Acute and Chronic Hypernatremia." Open Access Macedonian Journal of Medical Sciences 8(F): 1-10
16. Gates, D.M., Gillespie, G.L., &Succop, P. (2011). Violence against nurses and its impact on stress and productivity. Nurs Econ, 29(2), 59-66.
17. Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: interviews and focus groups. Br Dent J, 204, 291-295.
18. Günay T, Yardımcı OD, Polat M, Sandal K, Şeneldir H. Evaluation of Malignancy Risk in Patients Who Underwent Hysteroscopy for Preliminary Diagnosis of Endometrial Polyp. J ClinExp Invest. 2018; 9(2):95-9. https://doi.org/10.5799/jcei.433819
19. Heydarikhayat, N., Mohammadinia, N., Sharifipour, H., &Almasy, A. (2012). Assessing frequency and causes of verbal abuse against the clinical staff. Q J NursManag, 1(2), 70-77. Hutchinson, M., Jackson, D., Haigh, C., &Hayter, M. (2013). Editorial: Five years of scholarship on violence, bullying and aggression towards nurses in the workplace: What have we learned? J ClinNurs, 22(7-8), 903–905. http://dx.doi.org/10.1111/jocn.12139.
20. Hsieh, H.F., & Shannon, S.E. (2005). Three approaches to qualitative content analysis. Qual Health Res, 15(9), 1277-1288. https://doi.org/10.1177/1049732305276687.
21. Hemati-Esmaeili, M., Heshmati-Nabavi, F., &Reihani, H.R. (2015). Evaluation of violence of patients and their families against emergency nurses. Iran J Crit Care Nurs, 7(4), 227-236.
22. Jiao, M., Ning, N., Li, Y., Gao, L., Cui, Y., Sun, H., ...Hao, Y. (2015). Workplace violence against nurses in Chinese hospitals: a cross-sectional survey. BMJ Open, 5(3), e006719. https://doi.org/10.1136/bmjopen-2014-006719.
23. Kalantari, S., Ghana, S., Hekmatafshar, M., Sanagoo, A., &Jouybari, L.M. (2014). The experiences of nurses of uncivil behaviours in intensive care unit. J Ethics Culture Nurs Midwife, 1(1), 47-56,
24. Maulik, P.K. (2017). Workplace stress: A neglected aspect of mental health wellbeing. Indian J Med Res, 146(4), 441–444. http://doi.org/10.4103/ijmr.IJMR_1298_17.
25. Moeini, Z., FallahiKhoshknab, M., Hussaini, M.A., &Dalvandi, A. (2016). Nurse's knowledge, attitude and practice toward workplace violence in hospitals of Isfahan University of medical sciences. J Health PromotManag, 3(19), 69-80.
26. Vafaei, S. M., Manzari, Z. S., Heydari, A., Froutan, R., &Farahani, L. A. Nurses perception of nursing services documentation barriers: a qualitative approach. Electron J Gen Med. 2018;12(2),45-56.
27. Occupational Safety and Health Administration. (2015, Dec). Preventing workplace violence: A roadmap for healthcare facilities [Internet]. U.S. Department of Labor Available from: www.osha.gov • (800) 321-OSHA (6742), OSHA 3827.
28. Pompeii, L., Dement, J., Schoenfisch, A., Lavery, A., Souder, M., Smith, C., & Lipscomb, H. (2013). Perpetrator, worker and workplace characteristics associated with patient and visitor perpetrated violence (Type II) on hospital workers: A review of the literature and existing occupational injury data. J Safety Res, 244, 57–64. http://doi.org/10.1016/j.jsr.2012.09.004.
29. Schablon, A., Zeh, A., Wendeler, D., Peters, C., Wohlert, C., Harling, M., &Nienhaus, A. (2012). Frequency and consequences of violence and aggression towards employees in the German healthcare and welfare system: a cross-sectional study. BMJ Open, 2, e001420.http://doi.org/10.1136/bmjopen-2012-001420.
30. Sato, K., Yumoto,Y., &Fukahori, H. (2016). How nurse managers in Japanese hospital wards manage patient violence toward their staff. J NursManag, 24,164-173.
31. Speroni, K.G., Fitch, T., Dawson, E., Dugan, L., & Atherton, M. (2014). Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. J EmergNurs, 40(3), 218-28. https://doi.org/10.1016/j.jen.2013.05.014.
32. Sabzghabaei, F., M. Akhtar, S. M. R. Hashemi and R. Mollahoseini (2018). "Adipsic diabetes insipidus: A single-center case series." Nephro-Urology Monthly 10(1).
33. Sale, J.E.M., & Brazil, K.A. (2004). Strategy to identify critical appraisal criteria for primary mixed-method studies. Qual Quant Aug, 38(4), 351–365.
34. Sisawo, E.J., Yacine, S.Y., Ouédraogo, A., & Huang, S. (2017). Workplace violence against nurses in the Gambia: mixed methods design. BMC Health Serv Res, 17:311. https://doi.org/10.1186/s12913-017-2258-4.
35. Stevenson, K.N., Jack, S.M., O'Mara, L., &LeGris, J. (2015). Registered nurses' experiences of patient violence on acute care psychiatric inpatient units: an interpretive descriptive study. BMC Nurs, 14, 35. https://doi.org/10.1186/s12912-015-0079-5.
36. Sohrabzadeh, M., Menati, R., &Tavan, H. (2014). workplace violence against nurses: Provincial data from Iran. Int J Hosp Res, 3(2), 55-62.
37. Sabzghabaei, F. and A. Rastegar (2015). "Adipsic hypernatremic myopathy." Iranian Journal of Kidney Diseases 9(3): 256-258.
38. Talas, M.S., Kocaöz, S., &Akgüç, S. (2011). A survey of violence against staff working in the emergency department in Ankara, Turkey. Asian Nurs Res, 5(4), 197-203. https://doi.org/10.1016/j.anr.2011.11.001.

39. Teymourzadeh, E., Rashidian, A., Arab, M., Akbari-Sari, A., &Hakimzadeh, S.M. (2014). Nurses exposure to workplace violence in a large teaching. Int J Health Policy Manag, 3, 301–305. http://doi.org/10.15171/ijhpm.2014.98.
40. Zhang, Y., &Wildemuth, B.M. (2009). Qualitative analysis of content. In B. Wildemuth (Ed.), Applications of social research methods to questions in information and library science (pp. 308-319). Westport, CT: Libraries Unlimited.
41. Zhou, C., Mou, H., Xu, W., Li, Z., Liu, X., Shi, L., Fan, L. (2017). Study on factors inducing workplace violence in Chinese hospitals based on the broken window theory: a cross-sectional study. BMJ Open, 7, e016290. http://doi.org/10.1136/bmjopen-2017-016290.
42. Al-Esami, H. H., AL-Ramadhan, Z., Ahmed, A. S., Shihab, Z., &Farhan, F. K. (2018). Improve the surface hardness of the blend PMMA/n-MgTiO3 to resist caries and bacteria. Electronic Journal of General Medicine, 15(6).
43. VENKATESWARARAO, Y.,& SUJANA, K. (2019). A NOVEL STABILITY INDICATING RP-HPLC METHOD DEVELOPMENT AND VALIDATION FOR THE DETERMINATION OF CLOPIDOGREL IN BULK AND ITS DOSAGE FORMS. International Journal of Pharmacy Research & Technology, 9 (2), 1-11.
44. Maral S, Albayrak M, öztürk ÇP. Current Treatment Approaches to Multiple Myeloma with New Agents. J ClinExp Invest. 2018; 9(2):103-12. https://doi.org/10.5799/jcei.433823