Arab American University-Palestine

Faculty of Graduate Studies

Nurses' Perceptions of the Factors Which Cause Violence and Ways of Preventions in the Emergency department: A Qualitative Study

By: Bayan Mohammad Ahmad Najdi

Supervisor: Dr. Asma Imam

This Thesis Was Submitted in Partial Fulfillment of the Requirements of Master's Degree in Emergency Nursing

September 2022

Nurses' Perceptions of the Factors Which Cause Violence and Ways of Preventions in the Emergency department: A Qualitative Study

By

Bayan Mohammad Ahmad Najdi

This thesis was defended successfully on **29th September 2022**

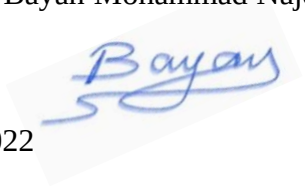
and approved by:

Committee members	Signature
1 Supervisor name: Dr. Asma Imam	
2 Internal examiner name: Dr. Imad Abu Khader	
3 External examiner name: Dr. Maha Nahal	Maha Sudki Saleh Nahal

Declaration

I declare that this thesis was submitted for a master degree and has not been submitted to another university. The work presented in this thesis is based on my own efforts.

Student name: Bayan Mohammad Najdi

Signature: 

Date: 23\11\2022

Acknowledgement

أحمد الله سبحانه وتعالى الذي منَّ عليّ بنعمة العقل والدين، وهو القائل في محكم التنزيل: ‘‘فَٱذْكُرُونِىٓ أَذْكُرْكُمْ وَٱشْكُرُواْ لِى وَلَا تَكْفُرُونِ’’، اللهم اجعل هذا العمل مّما قصده نبيك الكريم - صلى الله عليه وسلم -.. حين قال "علم ينتفع به" أما بعد

فاني اهدي هذا البحث الى من بها اعلوا وعليها ارتكز، الى القلب المعطاء.. أمي الحبيبة

الى الرجل الأبرز في حياتي، الذي شق طريقي الى العلم والنجاح.. أبي

الى ثمرة فؤادي وقرّة عيني، اطفالي.. (قيس ومحمد)

الى كل من علّمني حرفا.. معلماتي واساتذتي الافاضل في مسيرتي الدراسية

..الى د. أسما الامام التي بذلت كل الجهود في مساعدتي في مجال البحث العلمي

اهلي واصدقائي وزملاء العلم والعمل الصالح

الى وطني فلسطين الحبيبة

أهدي لكم هذا العمل، وأسأل الله أن يتقبله

Abstract

Background: Violence has been increasing worldwide. The prevalence of violence in the healthcare sector is continuously rising, and the most vulnerable places for violence is emergency departments due to the critical nature of the workplace environment.

Workplace violence against nurses might lead to decrease in productivity, nurses at the emergency department might face different types of violence. Little is known about the factors that contribute to the nurse's violence, the impact of workplace violence on nurses, and the preventive methods. understanding these issues from nurses' experience and perception could enhance the workplace environment and quality of healthcare.

Aim/objective: The aim of this study is to explore the nurses' experience and perception of workplace violence in the emergency departments at hospitals in Palestine.

Research methodological design: A qualitative approach, in-depth individual interviews were conducted with a convenient sample of 15 emergency department nurses who experienced or witnessed workplace violence. Open-ended questions were used to gain in-depth information about nurses' experience in relation to workplace violence at emergency departments. Thematic content analysis approach was used in data analysis.

Findings:

The results showed that nurses at the emergency department experienced physical, verbal and sexual harassment. Three major themes were found to present the factors that contribute

to nurses' violence. These themes are: Knowledge and attitude related-issues, External-related factors and System-related issues.

Four major themes from the analysis of the interviews emerged relating to the staff feelings, which are: Feeling overwhelmed, feeling distressed, feeling indignity and feeling helpless and fearful.

Study participants offered some prevention methods to decrease workplace violence, like enhancing the security system, enhance the quality of care and communication process, decreasing waiting time, do some modifications to the hospital structure, customer service training and increase public awareness, create a clear policy for violence. Moreover, some suggestions were noticed by the participants and the researcher, in order to handle violence. The results showed that there is no clear known system of how to report violence. Different issues mentioned by the respondents, prevent ED nurses from reporting violence.

Conclusions:

Numerous factors contribute to the prevalence of workplace violence in emergency departments. Hospital administrations have to ensure the safety of all employees by using suitable precautions, properly functioning alarm systems and training of the staff. There is an extensive need for psychological support after violent incidents by hospital managers, society and the legal system. In addition, universities have to develop communication, violence and stress management-training courses.

Table of contents

Chapter 1

Overview

1.1. Introduction:

Today, health care personnel face harsher behavior than ever before, all over the world. Of all hospital staff, nurses are most exposed to workplace violence (Shoghi et al. 2008). The impact of violence on nurses has a high level of absenteeism, low morale and mental fatigue, which will affect the quality of care and decrease both of patients and nurses' satisfaction (Chen et al. 2010). Violence includes assaults and physical threats. Nurses who are working in emergency departments (ED) where multiple environmental risk factors exist, such as the critical nature of the wards (Aljohani et al. 2021). Health care workers who are assaulted may experience short or long-term emotional and psychological reactions. "In Palestine EDs had witnessed an increase in violence related to political situation resulted from large number of injured people and a large number of people accompanied the victims to Eds, that leads to physical, psychological and verbal violence against health staff". (Abu Ali. 2012).

1.2. Problem statement:

There is lack of current qualitative research related to violence toward nurses at hospital emergency departments in Palestine. Emergency departments have risk factors and stressful environment that led to violence. Therefore, understanding these factors and ways of prevention from the perspectives of nurses' working in ER is needed. Results of this study might contribute to the prevention strategies, quality of care, job satisfaction and promote patient's outcome.

1.3. Significance of the study:

The prevalence of violence in healthcare sector is continuously raising, and the most vulnerable place for violence is emergency departments, three times more than other departments (Abu Ali, 2012). Health care providers are exposed to violence from patients, companions and visitors who see that their patient is a priority and the team should leave everyone else and only care for their patient.

Most of previous studies about violence in West Bank as reported by (Abu Ali, 2012) and (Hamdan,2012), are quantitative studies focused on prevalence and ways of prevention, and according to the researcher's knowledge, there are no qualitative studies about this topic conducted in Palestine. Therefore, this study will focus on the experiences and perceptions of nurses about violence in Palestine using qualitative method, taking in consideration the fact that Palestine is a country in chronic political conflict and economic emergency.

According to the study of Forero et al.(2018), who apply the four-dimension criteria (credibility, dependability, confirmability and transferability) to assess rigour of qualitative research in emergency medicine, they conclude that this criterion is effective; investigators in emergency medicine research can conduct it to improve their qualitative research and to achieve trustworthy findings.

1.4. The aim of the study:

The aim of the study is to explore the nurses' experience and perception of workplace violence in the emergency departments at hospitals in Palestine.

1.5. Research objectives:

1. To explore the types of violence that nurses experienced or witnessed in emergency department

2. To identify the factors that may cause violence in the ED from nurses' perspective.

3. To explore ED nurses' feelings after the violent incident.

4. To identify the ways of violence prevention from nurses' perspective in order to recommend future prevention strategies

1.6. Conceptual definitions:

- **Patient**: A person who is ill or is undergoing treatment for health care problem and\or registered with a general practitioner (Barbra, 2005).
- **Violence**: The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." (WHO,2002, p.23).
- **Emergency nursing: "**is a specialty in which nurses care for patients in the emergency or critical phase of their illness or injury and are adept at discerning life-threatening problems, prioritizing the urgency of care, rapidly and effectively carrying out resuscitative measures and other treatment, acting with a high degree of autonomy and ability to initiate needed without outside direction, educating

the patient and his family with the information and emotional support needed to preserve themselves as they cope with a new reality". (Trimble, 1998, p.1).

- **Emergency department:**" The unit of a hospital in which acute, severe, or urgent illnesses and/or injuries are treated." (Farlex, 2009).

1.7. Assumptions:

It was assumed that the targeted hospitals, would be cooperative in terms of permitting the researcher to make interviews with the ED nurses, and the targeted group of nurses will be cooperative and truthful in the interviews.

1.8. Implication of the study:

The findings of this study can be used in increasing awareness among ED nurses about the impact, factors and prevention of violence. Moreover, nursing colleges can benefit from the results in developing courses for training students on violence detection, protection and prevention strategies. Moreover, hospitals can benefit from the results in developing new violence prevention strategies.

Chapter 2

Literature review

1.1. Introduction:

This chapter presents an overview about the Violence acts at the Emergency Department against nurses. It discusses the definition, types, factors which cause violence, and prevalence and incidence of violence. Moreover, it presents the effect of violence on nurses' who experience violence, and on healthcare organization. In addition, it analyzes the barriers to address violence in healthcare settings, followed by the strategies and interventions to decrease workplace violence.

Globally, Workplace violence is one of the most problematic and significant issues in the health care settings and especially in Palestine since it can be an occupational health and safety issue that all nurses face in their daily activity. In the last few years, many studies were done about violence against nurses in Emergency Departments due to the dramatic increase of the incidence of violence since according to the ENA it is 3.8 times higher than other private industries (ENA, 2015).

Emergency departments are considered highly viable and challenging areas in hospitals, and facing serious problems, including "Violence against medical team", it is a critical issue, which needs to be solved (Ferri et al. 2016)

Workplace violence has become as a worldwide phenomenon in all health care organizations, and particularly in emergency departments, according to Kowalenko, et al., (2012) Assaults are the third leading cause of occupational injury-related deaths for all US workers.

Depending on article researches, nurses are the highest proportion who are at risk of violence or any aggressive behavior since they are the first to deal with patients whether in taking history or performing physical assessment or other nursing procedures, moreover health care setting workers are 16 times more likely to experience violence than other services (Cooper & Swanson, (2002); Taylor & Rew (2010); Al Bashtawy (2015)).

Definitions:

- Violence: “unpleasant behavior any physical assault, emotional or verbal abuse, or threatening, harassing, or coercive behavior in the work setting that causes physical or emotional harm.” (Wolf ,2014)
- Physical violence: “intentional and unwanted contact with someone else or something close to the body. Examples of physical scratching, beating, pushing, kicking, punching, pinching, biting, pulling hair, hitting with an object, throwing an object, spitting, shooting, stabbing, squeezing, and twisting.” (Violence prevention initiative, 2015)
- Sexual violence: “occurs when a person is forced to unwillingly take part in sexual activity, making unwelcome sexual comments or jokes; leering behavior.” (Violence prevention initiative, 2015)
- Verbal violence: “any statement that may affect person dignity, actions, and written or nonverbal messages conveying threats of physical injury, which were serious enough to unsettle your mind. It includes expressions of intent to inflict pain, injury, or punishment.” (Kowalenko et al., 2013)

- Perpetrator:" any person accountable for violent and aggressive act toward others." (Hajaj ,2014)

According to the world health organization, 2002 violence is a complex phenomenon that always accompanied with these items;

- Perpetrator:" means the person who did the violence and aggressive act." (Hajaj ,2014)
- causative factors that mainly related to economic, social (alcoholic, quarrels), emotional, spiritual and psychological aspects of the family in addition to open access of ED for 24 hours was cited in Stene, et.al, 2015 and long waiting time, shortage of nurses (Hajaj, 2014).
- Environment: emergency is a high stress environment area (Stene et al., 2015).
- Target population is reflected by the health team which provider, which the nurses are the most target group.

Violence against emergency nurses was defined by many, but all the definitions are consistent with the same range. Hajaj, (2014) & Stene et al., (2015) were both cited that violence can be defined as disruptive behavioral, verbal or physical assault activity that occurs at work place during the work time that causes physical or emotional harm.

Whereas The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of

resulting in injury, death, psychological harm, mal-development, or deprivation." (WHO, 2002, p: 13), as well as Violence could be described as unpleasant behavior any physical assault, emotional or verbal abuse, or threatening, harassing, or coercive behavior in the work setting that causes physical or emotional harm. (Wolf, 2014).

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "an act of aggression directed toward persons at work or on duty, ranging from offensive or threatening language to homicide." (NIOSH, 2002 p.1)

Types of violence

According to Kitaneh & Hamdan (2012), violence could be physical or other forms. Physical assault especially during night shifts and weekends according to GackSmith et al., (2009), Talas et al., (2011) that include; pushing, being kicked, slapped, scratched and beaten, objects thrown at or assaulted with a weapon, according to Arafeh et al. (2021) WPV includes threats, verbal or physical abuse, sexual harassment, shaming, property damage, beatings, and bullying. Gacki-Smith et al., (2009**)** In their study found that female nurses are prone to physical violence than male nurses do, while Talas et al, (2011) referring to other studies reported that male nurses were experienced physical and verbal violence more than females, they referred that to cultural believes, it's not accepted to disrespect women in the community, on another hand female nurses are exposed more to verbal abuse than physical abuse, which related to the same believes, physical abuse against females is not accepted so the perpetrators turn their anger to verbal abuse instead according to Aydin (2010); Erkol (2007) ; Ayranci (2005).

Verbal abuse is most likely experienced by nurses especially during morning shifts; including cursing, yelling or shouting at, and experiencing inappropriate bad or rude words. Other form is sexual harassment by being subjected to unwanted sexual questions or words, or were touched on the body, or an attempt to assault; and this form found to be the least form reported by Talas et al, (2011).

According to (Gacki-Smith et al., 2009) over 70% of emergency nurses reported physical or verbal assault while providing care to their patients. Whereas Aydin (2010) healthcare workers have experienced verbal violence (80.3%-100%), physical violence (16%-49.4%) and sexual harassment (3%-37.1%) in the Turkish community.

2.2. Theoretical part

Violence perpetrator:

The main perpetrators for violence as most studies indicate are: families of patients, visitors, patients themselves especially the intoxicated, disruptive and psychiatric patients Hajaj (2014), Talas et al, (2011) and Ramacciati et al., (2014) and that what Abu Ali (2007) indicated in his study that main perpetrators of violence were relatives, followed by patients**.**

Risks and protective Factors of violence

There are many factors that may lead to violence act at the emergency department against nurses. Hajaj (2014) & Crilly et al., (2004) were both cited that Emergency nurses face higher violence incident than nurses working in other departments. This might be contributed to many factors including the work in critical situations, working with intoxicated or addicted and psychiatric patients long waiting times, inadequate & inexperienced staff in dealing with violent behaviors, overcrowding, lack of communication between nurses and

families, armed security guards, perception by criminals that hospitals are sources of drugs, the 24 hours accessibility of ED's, lack of privacy.

Nurses who are working in emergency departments (ED) where multiple environmental risk factors exist, such as the critical nature of the wards, long waiting times, lack of staff, and unrestricted movement of the escorts, and had more contact with patients or their relatives (Aljohani et al. 2021).

There were some characteristics associated with the risk of violence that were cited in Kitaneh & Hamdan (2012), there was statistically significant (P>0.05) between physical and non-physical violence by age, gender and experience of exposures, there was more rate of violence in young age, male and low experience. Also according to Abu Ali(2012) male were found in higher rate of violence than female and it was higher across employee with less years of experience in healthcare.

Many researchers studied this issue focusing on specific parts of the problem, types and frequencies, the contributing factors starting with factors or reasons leading to violence and aggressive behaviors, all previous studies we reviewed agreed on the same factors but Angland et al., (2014) divided these factors into categories; patient factors, communication factors, and environmental factors such as long waiting times, lack of space and overcrowding, triage and security.

In public hospitals in Palestine, nurses suffer from many problems including the understaffing and the shortage of medicine and supplies, which cause the patient to wait for a long time to receive the services leading to violence that what were mentioned in Kitaneh and Hamdan (2012).

"Violence may be caused by a patient, families, doctors, colleagues, managements, or anyone who makes nurses not comfortable or creates a feeling of inadequacy" (Hajaj, 2014) all of that may results in unsafe, afraid or anything that alters nurses' jobs.

Reporting system

Understanding the causes of violence and developing measures to ensure the safety of staff from ED nurses' perception is a high priority for health care organizations. Although the emergency department is well recognized as a high stress area and the chance of violence may increase, the true incidence of significant episodes of violence is unknown, since violence in this setting is underreported. Esmaeilpour et al. (2011).

One source of gathering information in formal is the incident reports, but reporting is usually voluntary and not all assaults are reported. Therefore, it is important to fully understand nurses' attitudes to formally reporting assault incidents and identify the factors that influence their reporting behavior. Kitaneh & Hamdan (2012). Stene et al., (2015).

Gacki-Smith et al. (2009) & Crilly et al. (2004) mentioned that surveys of health care practitioners in emergency departments have found that nurses are more likely to report incidents than doctors and there are various reasons for staff not reporting, including not knowing how to report incidents, time constraints, uncertainty about what to report, the expectation of blame or punishment, and a perception that reporting incidents does not result in improvements**,** the perception that assaults are part of the job, others may believe that assault may be viewed as an evidence of poor job performance or worker negligence, in addition , many felt that empathy for the anger expressed by the patient or family member and lack of evidence of personal physical injury were reasons for not reporting violent.

"The increase of violence rate against nurses in developing countries is not well documented. On the other hand violence in developed countries has been brought into public attention since the mid-80s." Hajaj, (2014). There are several reasons for ER nurses under-reporting any violence incident since it is inefficient and futile and the "socio-cultural norms and value" were cited in ENA (2014), and in the Palestinian study of Kitaneh & Hamdan (2012).

In addition to how to report the incident since it feels a lack of support from leaders and poor management of the director to report the violence events (Stene et al., 2015), peer pressure, gender, fear of blame, and they need witness to the event all of that will suppress reporting the event. (Crilly, 2004)

Violence Effect on nurses:

Two qualitative studies Gacki-Smith et al., (2009); Stene et al. (2015) discussed the nurse's emotional reaction or feeling after violent behavior experience using focus group sessions and interviews after being subjected to aggression violence. Wolf et al., (2014) cited that unsupported staff feeling best described as "no one cares from the managers", besides violence has negative impact on the nursing and on his duties of work, which according to Hospitals their publicity, and decrease the medico-legal are the priorities, even if it will be one the nurse computation.

That impact may lead to affect the employee in unsecure job which leads to decrease job satisfaction, negative attitude affects the team, angry, increase medical error, and depression all of physical or non-physical violence may lead to provide bad quality of care and bad reputation about the health care setting reaching a major problem about the productivity. (Hajaj, 2014 & Stene et al., 2015) So, it is the responsibility of the health care

setting to provide safe environment for employees, and the public, and to elevate the health care provided and good reputation about the setting. Stene et al., (2015)

According to Ramacciati et al., (2015) Feeling of injustice, fear and stress do hurt the emergency nurses since its primitive that ED nurses are working in stressful environment and they expected to do their best especially with life threatening situations, violence also has a negative impact on nurses which may lead to inadequacy, guilt, excuse, frustration, anxiety, sadness, disgust, low self-esteem, anger, shock/ astonishment, denial of impact, that may last for long times and may progress to post traumatic stress syndrome.

According to Hassankhani et al., (2018), nurses are suffering from work place violence consequences, they have mental and physical health risks, threats to professional and social integrity.

Barriers to addressing violence in the healthcare setting:

Gacki-Smith et al., (2009) & Crilly et al., (2004) mention that surveys of health care practitioners in emergency departments have found that nurses are more likely to report incidents than doctors and there are various reasons for staff not reporting violence, including not knowing how to report incidents, time constraints, uncertainty about what to report, the expectation of blame or punishment, and a perception that reporting incidents does not result in improvements, the perception that assaults are part of the job, others may believe that assault may be viewed as an evidence of poor job performance or worker negligence, in addition , many felt that empathy for the anger expressed by the patient or family member and lack of evidence of personal physical injury were reasons for not reporting violent.

“The increase of violence rate against nurses in the developing countries is not well documented. On the other hand violence in the developed countries had increasingly been

brought into public attention since mid-80s." Hajaj (2014) There are several reasons for ER nurses under- reporting any violence incident since it is inefficient and futile and the "socio-cultural norms and value" were cited in ENA (2014) and in the Palestinian study of Kitaneh & Hamdan (2012).

In addition, reporting the incidence since it feels a lack of support from leaders and poor management of the director to report the violence events (Stene et al., 2015), peer pressure, gender, fear of blame, and they need witness to the event all of that will suppress reporting the event. (Crilly, 2004)

Strategies and Preventions

Registered nurses' association of Ontario believes that all nurses have to work in safe and protected area from violence to be satisfied. There should be strategies to decrease the workplace violence; these strategies need support from the nurses, hospitals administration and the society. Continuous education, training against violence, conflict managements, communication skills helped to decrease the violence rate at the ED. (Hajaj, 2014).

So that recognition, awareness, and communication is the first step of change in any community/culture. In fact, calm voice and explain the care provided with respect the patient and his family will decrease the chance of violence so that communication is play a very good factor of violence control.

Emergency department staff should have a prevention program allows them to feel empower to control their work environment. Medical staff must have effective communication skills while dealing with patients and their families, so they can control the stress, increase their confidence and productivity, ensure patient safety and satisfaction. Angland et al., 2014 &Fernandes et al,. 1999).

Violence prevention training and educational program should be given to emergency department staff to help them understanding the factors that may lead to violence and how to deal with it in case it appears, by using good cognitive technique. Reporting system is important for violence prevention committee to help them understand the causes and to develop a written violence protection plan, and assess security risks annually creating a safer workplace. However, interventions cannot be successfully conducted without good research on identification of those experiencing violence. Health care facilities must do their best to take steps to protect nurses and other healthcare workers from workplace violence. (Hajaj, 2014 & Fernandes et al., 1999).

According to a study that conducted by Salar Sharifi et al., (2019), which studied "the effect of an education program, risk assessment checklist and prevention protocol on violence against emergency department nurses: A single center before and after study" it showed a dramatically decreasing in violence incidence before and after the training program, from 8.4 to 2.7 , which was statistically a significant difference ($p < 0.0001$), also there was an enhancement of work-place security ($p = 0.006$), and the fear of injury is also decreased by ($p < 0.02$)

Butler (2010) suggested an approach to minimize violence in Emergency Departments by developing strategies allowing the staff to recognize and deal with aggressive behavior, and put the organizations in the side of the staff to react appropriately with providing them with the tools and training to do their job effectively and safely.

There are many research studies and texts regarding violence in Emergency Department around the world, whereas Palestine lacks of those research studies regarding

this phenomenon, and the prevention strategies, especially those qualitative studies. It also has other dimensions, since we are under the Israeli occupation, people sometimes compare between ED health care services locally and between the Israeli hospitals.

A cross sectional study conducted by (Ktaneh & Hamdan 2012), about "Workplace violence against physicians and nurses in Palestine", was cited that healthcare workers are at high risk of violence incidence at the Palestinian public hospitals increased yearly. Different type of violence was measured to discover that assaults was the highest score from other types such as verbal abuse, and sexual harassment. When they mention that violence happened in the evening and night shifts, when there is shortening of staff during those shifts.

A cross-sectional multi-institutional study conducted by Al-Maskari et al., (2020), about workplace violence against emergency department nurses in Oman, was cited that non-physical violence (84.5%) which is four times more than physical violence (18.4%).
68.4% of physical violence was during weekends and 78.9% in the afternoon or night shifts 62.6% caused by family members and visitors, and 82.8% of non-physical violence was during weekends and 93.1% in the afternoon or night shifts 66.7% caused by family members and visitors.

Not reporting the incident of violence were related to some socio-cultural norms and value of Palestinian community, that have a great impact, and due to no clear policy and procedures for reporting the incident and low management encouragement to report. Difficult living conditions, economic problems, frustration and stress in the daily life of the Palestinian life probably increase the aggressive behavior against health worker in addition to the shortage of medicines and supplies, overcrowded. This study was clearly pointed that

there is no clear prevention policy and procedure that may lead to staff dissatisfaction especially at the ED. (Abu Ali, 2012).

"Workplace violence in emergency department giving the staff tools and supports to report", Stene, et al., 2015 was mention that health care organization should provide a safe environment for employee and the public, since health care professional are at high risk of WPV, according to many factors; a high stress environment, lack of trained security, patient pain and stress, lack of privacy, long waiting time, fear, and anxiety. Emergency department staff also did not report the incident of violence which that return to the staff didn`t know what to write and how to write and lack of feeling support them from the nursing leadership. Of these staff member that they were reported WPV 75% were verbally assaulted and 25% physically violence. The tool that the researchers used was basis of the ENA emergency department violence surveillance study, Violence is an ongoing problem at ED and training and prevention should be a part of the job to increase the staff satisfaction and decrease violence.

An Italian qualitative study about "violence against nurses in the triage area" by Nicola Ramacciati et al., 2014, mentioned that the violence act toward health care professional is increasing as a worldwide phenomenon. Since this study was taking care on the emotional and feeling of the healthcare provided who effected violence, and to do some prevention of violence at the area. 10 themes were emerged as a result of this study to express the feeling and emotions of the employees.

A cross sectional study by Albashtawy & Aljezavi (2016), about "Emergency nurses' perspective of workplace violence in Jordanian hospitals: A national survey" was cited that nurses are high risk of violence from other healthcare personnel for some factors were

mentioned before which may affect negatively again the nurses' emotions and their Job duties to decrease the satisfaction and increase the nurses turn over from the ED. This study took place at the Jordanian hospitals the sample of the study were 227 nurses working at the ED. Ethical consideration was taken in advance. Whereas the research results were positively agreed that violence affect negatively the nurses. There are many factors that affect the violence in Emergency department, but the underreporting of this incidents still hides some of those unreported factors, that due to the cultural norms. This study was asking to report the incident to help for future researches to understanding why the violence is happened.

A descriptive survey study conducted in emergency department in six hospitals in Turkey showed that violence in the workplace against healthcare team is a widespread problem therefore, this study aims to identify the proportion of staff who had experienced different types of violence while on duty, the sources of the violence how the incident was reported and the legal process initiated, and the emotional state of the victims after violence. This study indicated that the majority of the respondents reported being subjected to at least one kind of violence: 41.1% to physical assault, 79.6% to verbal abuse, 55.5% to verbal threats and 15.9% to sexual harassment. Coping methods for physical assaults was reporting to a manager but this method was the least commonly used coping method by participants; reactions to the four types of violence reported by participants in this study were sadness anger, disappointment, and disgust. (Aydin, 2010).

A descriptive cross-sectional study conducted in Palestine by Abu-Assab (2019) showed that the prevalence of exposure to sexual harassment among female health workers in West Bank was 27.3%.

A meta-analysis of observational conducted in China by Liang-Nan Zeng et al., (2019), they mentioned the prevalence of sexual harassment from the 37 studies covering 39,486 participants, and it was 7.5% in nurses and 7.2% in nursing students.

Another study titled "Violence against Nurses Working in US Emergency Departments", aimed to investigate emergency nurses' experiences and perceptions of violence from patients and visitors in US emergency departments (EDs). "Approximately 25% of respondents reported experiencing physical violence more than 20 times in the past three years, and almost 20% reported experiencing verbal abuse more than 200 times during the same period. Respondents who experienced frequent physical violence and/or frequent verbal abuse indicated fear of retaliation and lack of support from hospital administration and ED management as barriers to reporting workplace violence". (Talas, 2011).

In Palestine, a study conducted by Abu Ali (2012), aimed to investigate the prevalence of violence in emergency departments and ways used by ED staff to prevent violence. This study conducted in nine hospitals located in three geographical areas in Palestine. The final results of this study were as follow: Verbal violence was the higher reported form of violence, while the main perpetrators of violence were relatives, followed by patients.

The most frequent time of physical attack happened between 7.00 am and 1.00 pm as other studies showed during the evening and the night shifts. (Abu Ali, 2012). Support given by the employer was the opportunity to speak about and report the incident in cases of both physical and verbal violence. In addition, according to report of violent incidents by victims was low, as they think it is useless and not important. Respondents thought that restricted public access, improved surroundings, restricted exchange of money at the workplace, patient

screening, training, investment in human resource development and reduced periods of working alone could be helpful in minimizing workplace violence. (Abu Ali, 2012).

A qualitative research study “Nurses’ perceptions of the factors which cause violence and aggression in the emergency department”, aimed to determine nurses’ perceptions of the factors that causes violence in the emergency department. Twelve nurses working in an Irish ED were interviewed, this study revealed after thematic analysis that waiting times and lack of communication. A few participants believed that the design of the ED with its limited space often caused patients and relatives to become aggressive. TO sum up the study reported that triage area was the most likely area where violence may occur. (Angland, 2014)

The studies that the author reviews were mixed of qualitative and quantitative, the majority of the studies discussed violence in the emergency department and its types, what are the causes and impacts of it on the nurses; these studies also discuss the difference in age, gender, shift, occupation and years of working and how it may affect exposure to violence.

In relation to violence perpetrator, all studies agreed that it caused from patients and their families and visitors who thought that their patient has the priority to be treated first. A clear factor was also noticed in studies results which are long waiting time, shortage of staff, overcrowded, lack of resources, and poor communication.

When I decided to do this study, I noticed that there are a few qualitative studies; I understand that this type of study need to be well organized since the cultures and norms play a strong role on it, and reporting an incident of violence could be a sham or unaccepted culturally as some thought.

Violence impact negatively and decrease the nurse's satisfaction toward the work that what was noticed on the articles, so searching on a way to control and prevent violence from nurses' perception is needed, in order to create a new strategy to prevent WPV.

The most vulnerable groups to violence is emergency team and it is vary according to the level of education, violence decrease when person has more years of study and high level of occupation, studies showed that gender had no significant effect but two studies had another point of view which was that male respondents reported exposure to physical assault more frequently than females. In addition, studies indicated that people between (28- 34) are most vulnerable; because these age group worked in hospitals more frequent than other ages, regarding to the time of the day that nurses may experience violence; studies showed that violence occurred during evening and night shifts.

Most studies agreed that the lack of the presence of combat violence programs, and the importance of its existence, and there is one article suggested a program to combat violence and spoke of the essential elements of their presence, and training programs for employees.

Chapter 3

Methodology

3.1. Introduction:

This chapter discusses the methodological approach taken in achieving the study objectives of this research, which includes study design, population and settings, sample, instrument and tool, validity, pilot study, data collection, ethical considerations and permission, and data analysis. The aim of the research is to identify the nurse's perception of the factors that cause violence in ED and the ways to prevent it.

3.2. Study design:

"Qualitative research is used for studies that are descriptive in nature, particularly for examining health care and nursing-related phenomena" (Polit & Beck 2009). Qualitative research has been recognized as important and suitable for research questions focused on determining the who, what, and where of events or experiences and gaining insights from informants regarding a poorly understood phenomenon (Kim et al. 2017).

According to the study of Forero et al.(2018), who apply the four-dimension criteria (credibility, dependability, confirmability and transferability) to assess rigour of qualitative research in emergency medicine, they conclude that this criterion is effective; investigators in emergency medicine research can conduct it to improve their qualitative research and to achieve trustworthy findings.

3.3. Population and settings:

The study population consists of nurses who work in Emergency Departments from private, nongovernmental and governmental hospitals. According to Palestinian MOH in 2018 the

number of visits to emergency services reached 2.276.145 visits, the number of hospitals in Palestine is 82, and 52 out of them located in west bank including East Jerusalem. There are 7879 nurses in Palestine, 245 out of them are working in Emergency departments. (Palestinian MOH, 2018).

In choosing the general hospitals, which have emergency departments from the middle and south of the West Bank, including Jerusalem. The hospitals are Al-Ahli Private Hospital in Hebron, Bait Jala Governmental Hospital in Bethlehem, Palestinian Medical Complex (Ramallah Governmental Hospital) in Ramallah, Saint Joseph Private Hospital in Jerusalem and Al-Makassed Islamic Charitable Society Hospital in Jerusalem.

3.4 Sample:

A convenient sample of 15 Nurses who experienced or witnessed violence in ED were chosen based on saturation of data, as evaluated by the researcher and the supervisor, including the staff nurses, and practical nurses: 3 nurses were from Al-Ahli Hospital in Hebron, 3 nurses were from Bait Jala Governmental Hospital in Bethlehem, 3 nurses from Palestinian Medical Complex (Ramallah Governmental Hospital) in Ramallah, 3 nurses from Saint Joseph Private Hospital in Jerusalem and the other 3 nurses were from Al-Makassed Islamic Charitable Society Hospital in Jerusalem. This is an acceptable number in qualitative research. Polit & Beck (2003) stated that the principle of data saturation occurs when themes and categories in the data become repetitive; that is no new information can be generated by further data collection. The purposive sampling technique contribute in

gathering a diverse range of opinions and experiences which at the same time enhances the credibility of the findings

3.5 Inclusion & exclusion criteria

A non-probability convenient sample of ED nurses with a minimum of one year of experience in the ED who experienced or witnessed a violent incident within the previous 6 months, including the staff nurses, and practical nurses, and any nurses who did not witness or experience a violent incidence were excluded.

3.6 Instrument and tool:

The semi-structured interview guide was used after reviewing the literature, it was piloted before initiating the study, and it consists of 7 open-ended questions and guidelines about the incident of violence, that the nurses had experienced or witnessed. The questions asked about violent incidence types, nurses' feelings after experiencing these incidents, and the factors that cause violence, dealing with violence before, during and after happened, and the reporting system for violence, nurses' recommendations for ways of prevention. (Annex A)

3.7 Validity: (Dependability)

The interview guide was validated after it was presented in its primary form to a number of four experts in research. They made their suggestions and remarks on it. Then the tool questions were redesigned in the final version taking into consideration the views of specialists. (Annex B) The coding of the transcripts was done manually by three independent experts and consensus was reached after the discussion on major themes and subthemes.

3.8 Pilot study:

A pilot study conducted in the summer of 2021 five nurses were interviewed and data were analyzed, the purpose of the pilot study was to evaluate if the tool is clear, understandable, and give sufficient data. No major changes were introduced to the interview guide.

3.9 Data collection:

The faculty of graduate studies sent a formal letter to the Ministry of Health to take permission to start gathering the data through individual interviews. The Ministry of Health and the university gave the researcher permission to enter Ramallah and Beit Jala governmental hospitals. In Al-Makassed Islamic Charitable hospital, Saint Joseph and Al-Ahli private Hospitals, the researcher used written permission was received by the Nurses' matron of the hospital, who allow the researcher to start gathering data.

All participants were informed about the aims and objectives of the interview and the process of the interview, face-to-face interviews were conducted. The researcher guided the discussion, and recorded the interview on paper, and audio recording when participants allowed for that. Contextual notes were written following the audio-recorded immediately after an interview. Each interview time ranged from half an hour to 50 minutes.

The researcher started gathering data through individual interviews in the selected hospitals, Saint Joseph Hospital in August 2021, Ramallah hospital in November 2021, Al-Ahli Hospital in Jan 2020, and Al-Makassid and Beit Jala Hospital in April 2022.

Prior to the interviews, participants were asked for their approval to participate in the study and for audio recording the interviews, by signing the consent form.

An audio recording of the individual interview was used in order to facilitate transcription and to ensure completeness and accuracy in the data gathering process. The individual audio recorded, interviews lasted from 30 - 50 minutes, and a recorder took field notes while participants were speaking. Data collection ended when no more ideas emerged.

3.10 Ethical considerations and permission:

Ethical considerations and permission:

Permission was obtained from the Ministry of Health, and the hospitals' administrations before starting data collection. Participants received an explanation about the purpose of the study, and they were asked for their consent to participate in the interviews and record the interviews. The participants were informed that all information will be confidential, and will be used for the research purpose only, and that they will have the right to terminate their participation, the right to refuse the interview audio recording, the right to ask questions and the right to full disclosure about the study. Participating in this study was voluntary, and the information could not be linked to the participants. The participants were informed that the audio recording data will be converted to written sentences within one month after the interview and will be deleted immediately after that. The written data was stored without names or any identifications to ensure confidentiality only the code number for each interview was assigned. Data was stored on a personal locked computer. My study might a stressful event for some participants. I planned to refer them to a social worker, in order to ensure that they will be okay after the personal interview, but no one of the participants complained of stress during the interviews.

3.11 Data analysis:

Thematic analysis of the interview data was undertaken using Burnard's (1991) framework. The semi-structured interviews were recorded in full for those who accepted the audio recording, then the whole recording was transcribed on the interview notebook. For the participants who refused the audio recording, I handwritten the entire interview on the interview notebook. Transcripts had large margins and adequate line spacing for later coding and making notes. It was important to becoming familiar with the whole interview using the audio recording and/or transcript in order to start interpretation. After familiarization, and as a method of enhancing rigour, the researcher and three independent experts read the transcript line by line, then applied a paraphrase or code that described the data, at this stage 'open coding' took place, coding anything that might be relevant from as many different perspectives as possible until no additional codes emerged. Codes had been grouped together into four major categories according to the research questions: nurses' experience with the types of violence and their feelings, also nurses' perceptions of the factors which cause violence, and ways of prevention in the emergency department. Interpretation of the data was done, and consensus was reached after the discussion on major themes and subthemes, then data was filled out in a special template for each category and quotations were included with the interviewee initials.

Chapter 4

Presentation & discussion of the results

4.1. Introduction:

This chapter presents the characteristics of the respondents and the findings of the study about nurses' experience with the types of violence and their feelings, also nurses' perceptions of the factors which cause violence, and ways of prevention in the emergency department.

4.2. Characteristics of the respondents:

Fifteen nurses from different hospitals participated in the study, eleven of them were males (73.3%) and four were females (26.7%).

The mean age of the respondents was 31.2 years, the minimum 25 years and the maximum 52 years.

As shown in figure 4.1.

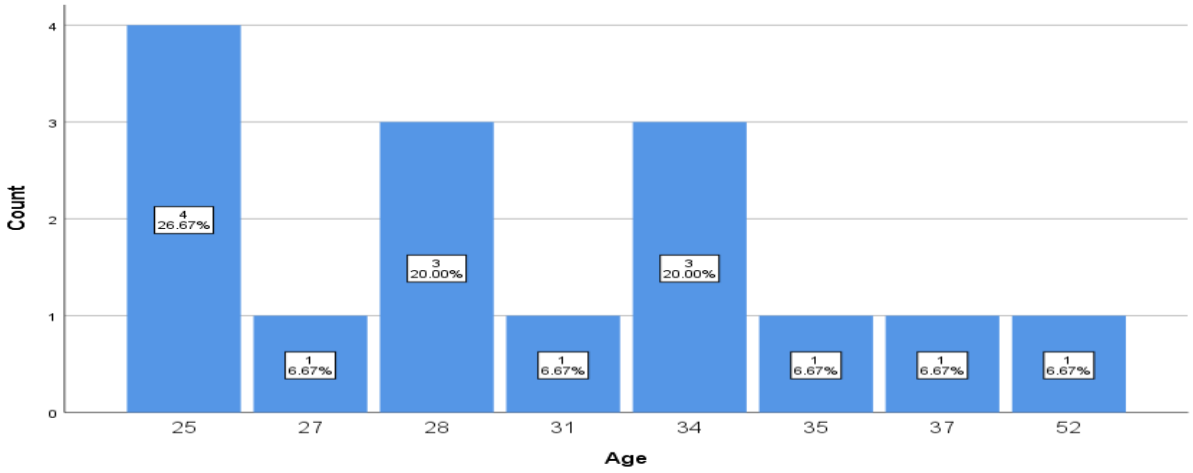


Figure 4.1. Participants according to their age

Regarding the educational level of the participants, eleven of them have Bachelor degree in nursing (73.3%) and 40% had 3-4 years of experience in nursing.

Experience in the profession is shown in figure 4.2. The mean was 8.7 years, minimum of 2 years, maximum of 27 years.

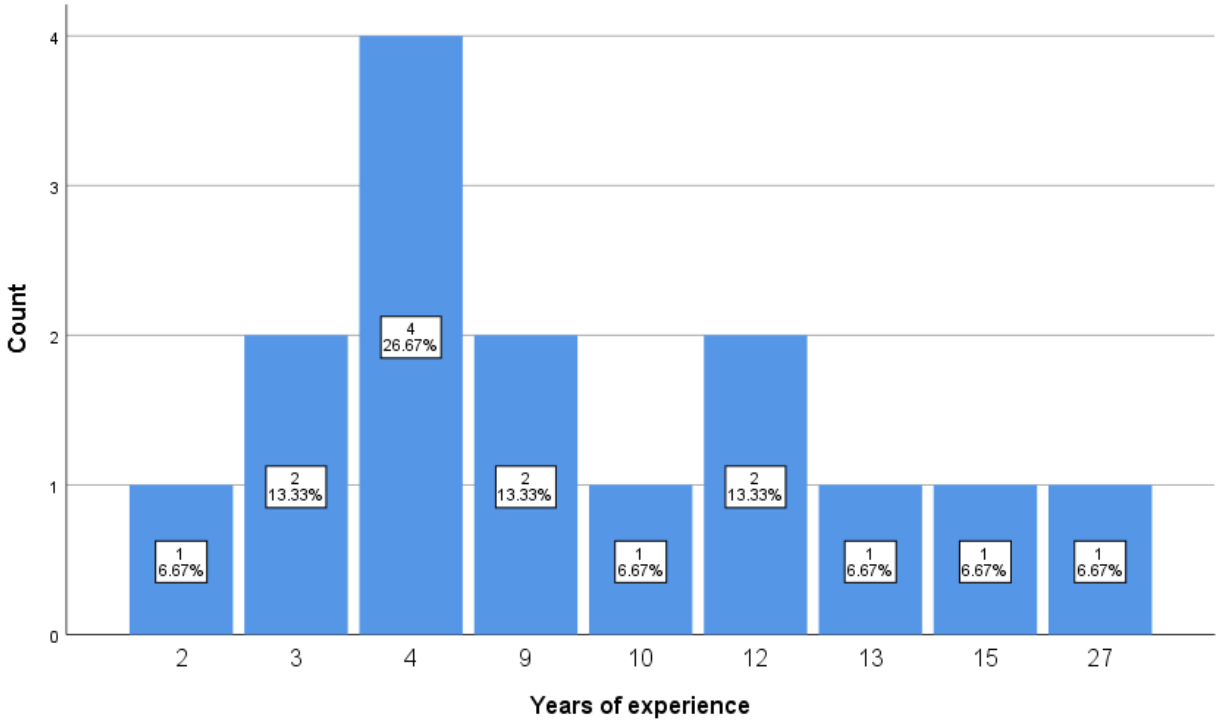


Figure 4.2. Distribution of respondents according to their years of experience at work

Some of the study participants mentioned that senior nurses had an experience in handling violence more than new employed nurses, SA1P2 said that :"Sometimes when a violent incident occurs, the presence of senior or an experienced nurse in that shift, positively affect the scene consequences, he directly intervenes to solve the problem, and because he has enough experience and effective communication skills, he talks to patients and escorts logically and ends the conflict instead of aggravating it"

Also, Study participants mentioned that male nurses are more exposed to violence rather than female nurses due to cultures and norms, RM2P4 mentioned:" Praise be to God, the people here in our country, even if they are not educated, no one is exposed to a female nurse."

There were some characteristics associated with the risk of violence that were cited in Kitaneh & Hamdan (2012), there was statistically significant (P>0.05) between physical and non-physical violence by age, gender and experience of exposures, there was more rate of violence in young age, male and low experience. Also according to Abu Ali(2012) male were found in higher rate of violence than female and it was higher across employee with less years of experience in healthcare.

4.3. Presentation of results:

4.3.1. Section one: types of violence

By using content data-analysis for the interview question (Please describe a violent incidence in the emergency department, whether you were the abused party, or you witnessed the incidence.) three categories for the types of violence witnessed or experienced by the respondents have emerged, physical violence, verbal violence and sexual harassment, Figure 4.3. Shows the frequency of each category. Figure 4.4. Shows the major three categories with their codes. The percentage of exposure to physical violence was almost equal to verbal violence (49% and 44.6% respectively), while sexual harassment was very low compared to them (6.3%)

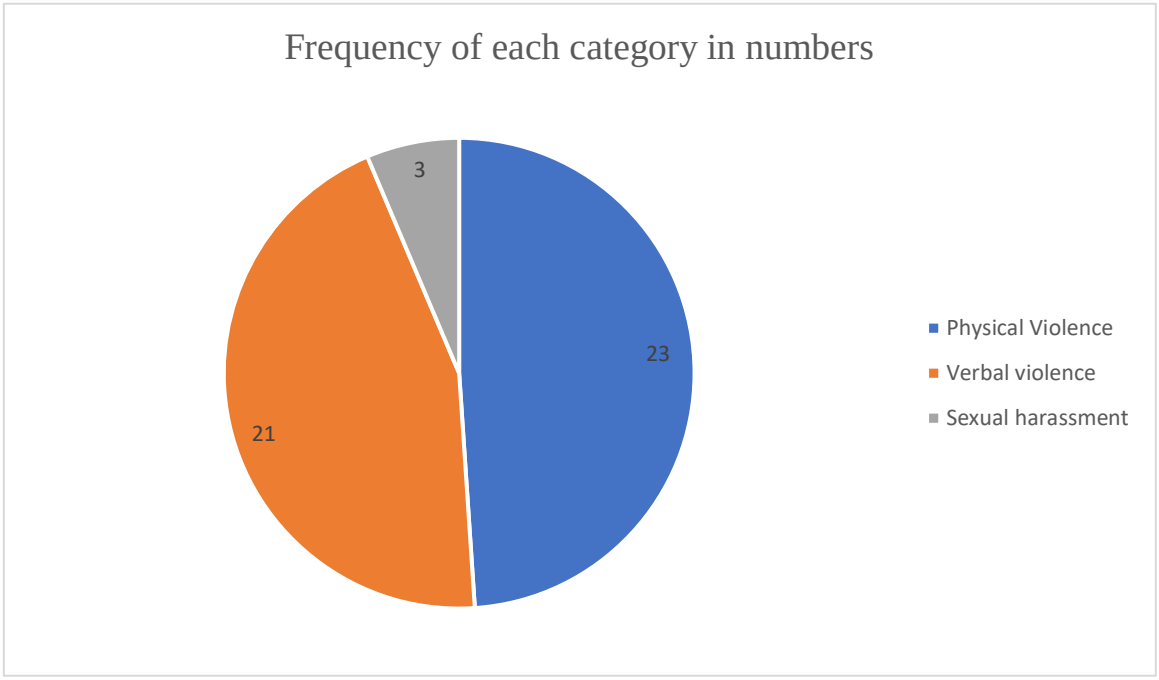


Figure 4.3. The frequency of types of violence.

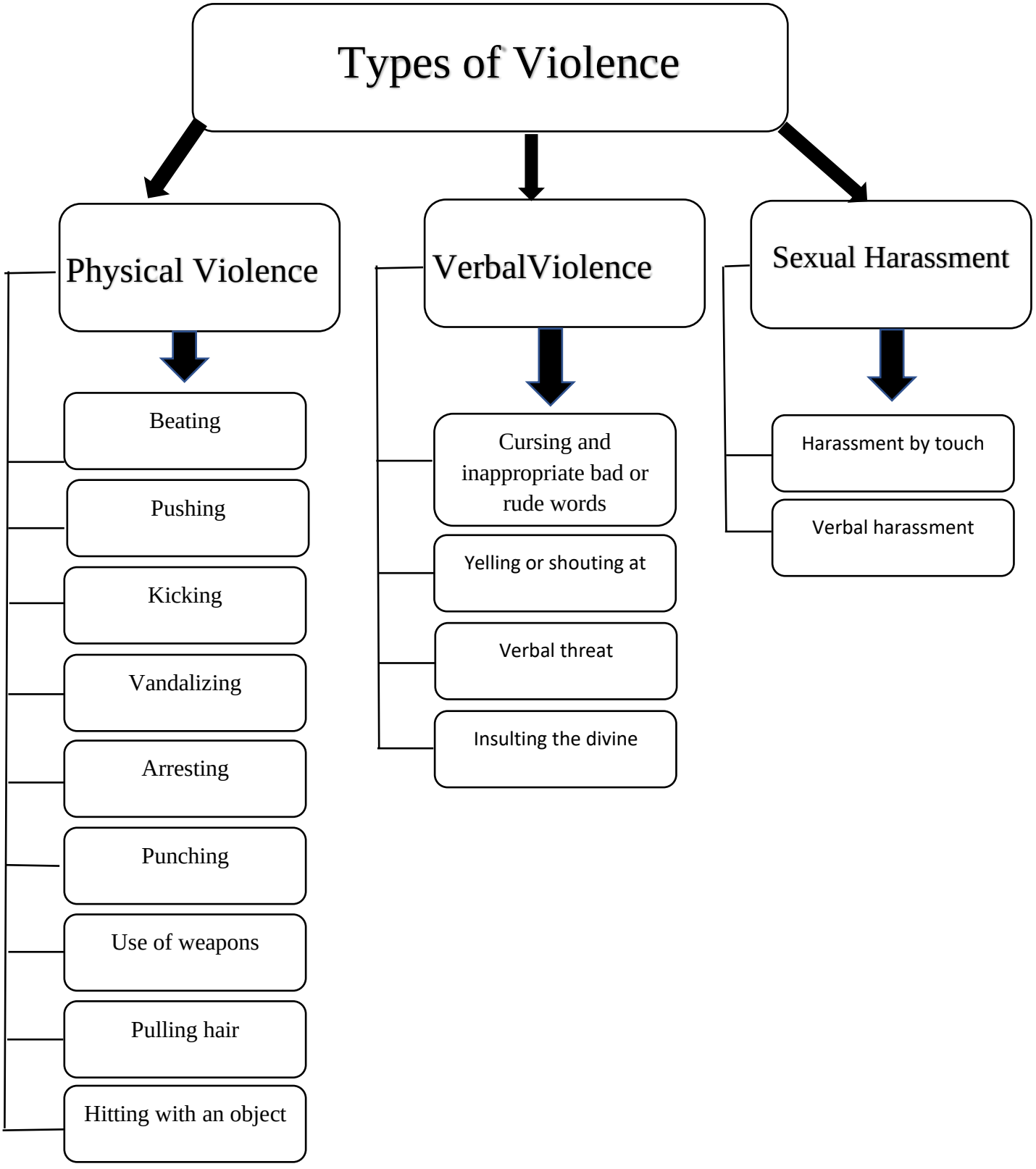


Figure 4.4. The types of violence with codes.

The first category is **physical violence**; nine codes were derived from the interviews:

Arresting, RF1P7said: “At the time of the invasions, the army used to enter and take the medical staff for investigation and detain the patients “. **Pulling hair**, RM2P5 stated: “They grabbed the nurse’s hair and pulled it, and the female companions started hitting her”. **Kicking**, RF1P1said: “The patient's escort came and he followed me, then hit me from behind “. **Punching,** SA1P3 said: “A colleague of mine for example, was hit in the emergency department, and they opened his head, punched him, and broke his eye glasses “. **Beating**, SH3P1 mentioned: “The medical team was assaulted; the beatings continued”. **Vandalizing**, HF2P4 stated: “When we came out to announce a death, they destroy the emergency department; they broke the door, the windows and the cars parked outside”. **Hitting with an object** MO2P1 said: “The emergency medical staff have been attacked by undercover Israeli settlers. They were being beaten with batons and pistols; the bases of the pistols were used on the head, back and shoulders”. **Pushing**, HR3P4 mentioned: “The army threatened the security staff and the nurses with weapons, they pushed them to the door, knocked them down and locked the door of the room on them”. **Use of weapons**, MO2P1 stated: “Sound and gas bombs were fired on the hospital grounds and emergency department. “

Figure 4.5. Shows the frequency of the nine types (N=23) of physical violence as reported in individual interviews.

The results show that the use of weapons, vandalizing, pushing and hitting staff by an object had the highest percentage (15.8% each).

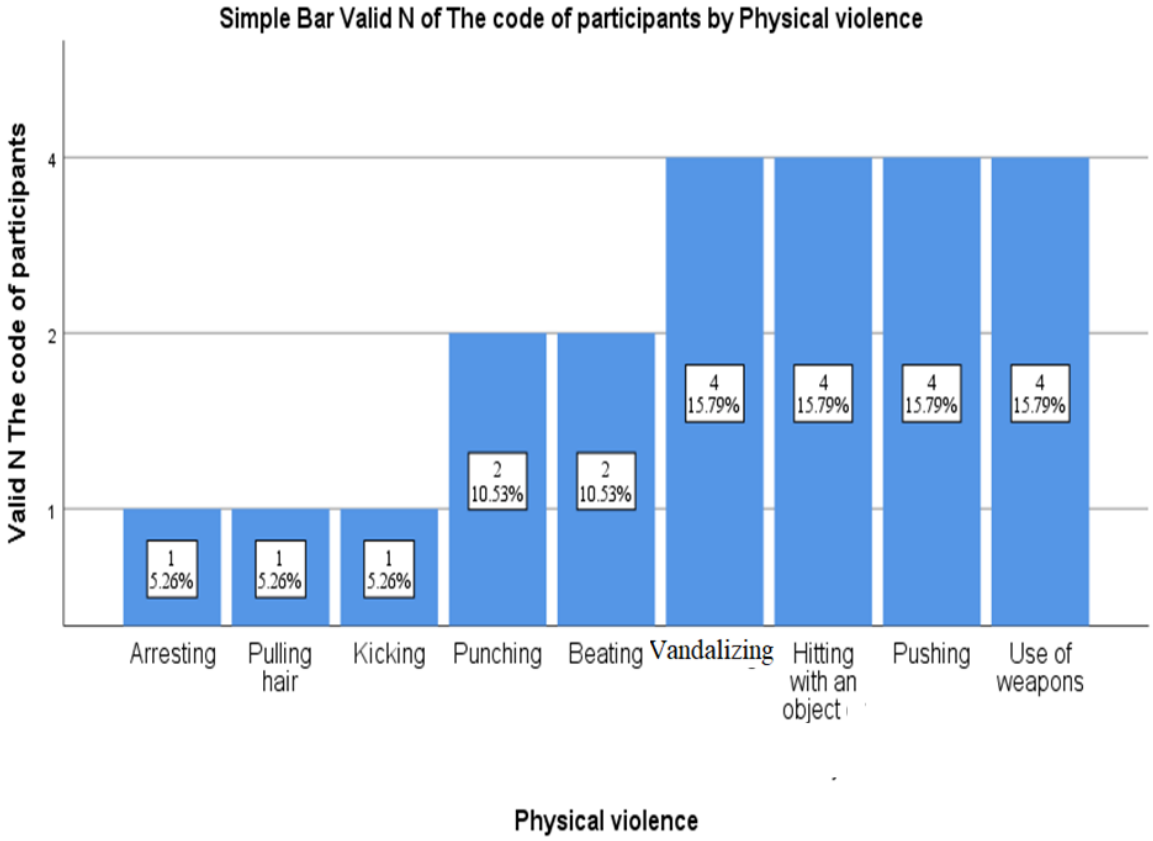


Figure 4.5. The frequency of the types of physical violence (N=23)

According to Kitaneh & Hamdan (2012) study in Palestine, the majority of the participants reported exposure to a single violent physical event (78%) repeated event were (22%). In addition, according to Darawad et al. (2015) study in Jordan, the majority of participants (91.4%) reported experiencing workplace violence; 23.3% reported physical violence (e.g., slapping, kicking, scratching, and hitting with an object).

Some of these results are supported by (GackSmith et al., 2009, Talas et al., 2011) they mentioned the types of physical violence which are: pushing, being kicked, slapped, scratched and beaten, objects thrown at or assaulted with a weapon. Also, in Nigeria 60% of 81 nurses participants in a study of Ongundipe et al., (2012) reported that they had been

subjected to violence with the use of weapon. According to the arresting, this result was supported by the Palestine Red Crescent Society who published that the Israeli occupation forces arrested five medical volunteers during their humanitarian duty. (PRCS,2010).

The second category is the **verbal violence**; four codes were derived from data:

The most of participants' experience was **cursing and inappropriate bad or rude words**, some of these cases were in combination with verbal violence, which were carried out by patients or their companions and medical staff themselves, MS3P2 said: "The escort cursed at the nurse some very bad words; from below the belt, you don't understand, you are jack-asses. "

Also, they almost equally reported some cases of **yelling or shouting at**, whether they were carried out by patients or their companions or by the medical staff themselves which working in the same hospital, JS3P1 said "The director of the hospital came with the escort, and screamed out "Who told you to come to me?" He entered the doctor's room with the escort, and they began arguing and screaming. "A few participants talked about **insulting the divine** which is a very disturbing thing in their conservative societies HF2P4 said "They cursed the Divine Being, with all the police officers present, that is what happened "and just one of participants had experienced the **verbal threats**, RM3P3 mentioned "She started threatening, saying, "I am so-and-so, my husband is so-and-so, the minister "

Figure 4.6. Shows the frequency of the four types of verbal violence (N=21) as reported in individual interviews.

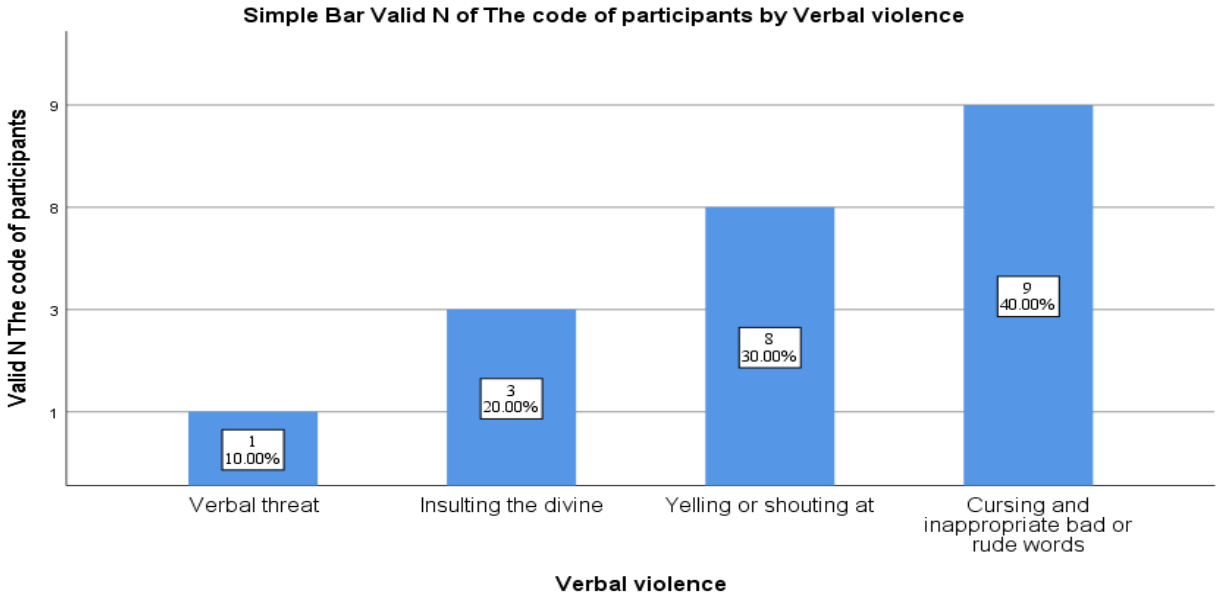


Figure 4.6. The frequency of the types of Verbal violence (N=21)

The results show that cursing and using rude words had the highest percentage (40%) followed by yelling and shouting 30%.

These results are supported by Kitaneh & Hamdan (2012) the majority of the participants reported exposure to a single non-physical (71.3%) event, repeated events were (28.7%). And also, Aydin (2010) which indicated that 55.5% of the respondents reported being subjected to verbal threats, and Talas et al. (2011) which mentioned that verbal abuse is most likely experienced by nurses, including cursing, yelling or shouting at, and experiencing inappropriate bad or rude words.

The third category is **sexual harassment** (N=3), two codes were derived from the interviews:

Harassment by touch 33%, which is a kind of Physical sexual harassment that includes making unnecessary physical contact, unnecessary standing close, inappropriate touching or even sexual assault. MO2P1 said “Once, a colleague of mine was standing and providing care to a boy, and his mother was next to him. He kindly told the mother to take the scissors out of his pocket. She put her hand in to the bottom of the trouser pocket, moved her hand around and grabbed a sensitive organ. He told her that is enough I don’t need any help. He left the boy and came to me, and asked me to care for the boy “

Verbal harassment 67%, which includes making sexual comments, relating sexual jokes or stories, requesting sexual favors, HK1P2 said “Sometimes verbal harassment occurs from patients and escorts. This nurse is sweetie; they start catcalling on her: What is this length? What is this body? What are these eyes? Many girls get uncomfortable and switch the patient with another nurse “

In the percentage of sexual harassment is 6.3, which is low compared by a quantitative study conducted by Aydin (2010) which indicated that 15.9% of the respondents reported being subjected to sexual harassment, and Abu-Assab (2019) which showed that the prevalence of exposure to sexual harassment among female health workers in West Bank was 27.3%. In addition, sexual harassment was the least form of workplace violence, which reported by Talas et al. (2011) which include unwanted sexual questions or words, or were touched on the body, or an attempt to assault.

4.3.2. Section two: Factors that cause violence in the ED

By using content data analysis for the interview questions (From your point of view, what are the factors that caused violence in the emergency department?) thirteen causes of violence emerged (subthemes) in the ED from nurses' perspectives which were grouped into three major themes. Knowledge and attitude related-issues, External-related factors, and System-related issues. Figure 4.7. Shows the themes and subthemes of factors that cause violence in ED

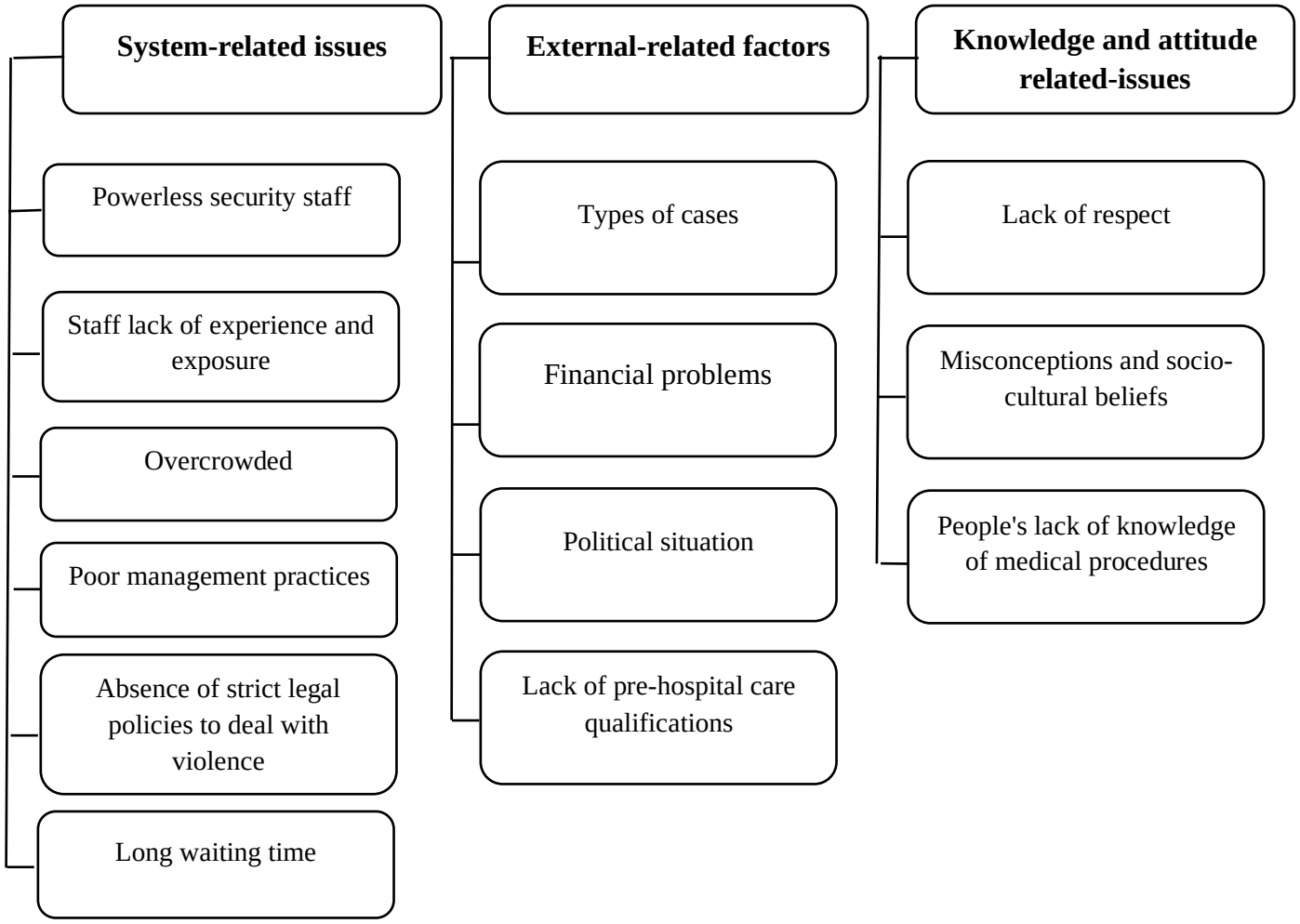


Figure 4.7. The themes and subthemes of factors that cause violence in ED.

The first theme was **system-related issues**, a variety of these factors which cause violence in the emergency department were highlighted, including: powerless security staff, staff lack of experience and exposure, overcrowded, poor management practices, absence of strict legal policies to deal with violence, long waiting time.

The majority of participants (N=10) talked about the powerlessness of security staff as one of the greatest causes of violence in ED.

> RF1P1 said: “We have security personnel, but they are few and their powers less. They can dismantle a conflict, nothing more “
>
> MM1P3 mentioned: “The police transferred the patient to a second hospital because the security there is stronger. From a security point of view, they can control the situation “

A study conducted by Angland et al. (2014) found that when security staff were presented, violence and aggression were reduced. This also was mentioned by other studies (Gilchrist et al. 2011, Gillespie et al. 2012, & Stene, et al. 2015).

Also, the majority of nurses (N=10), mentioned that staff lack of experience and exposure to ED tasks is one of the most risk factors of violence in ED. Sometimes nurses who are transferred from other departments to cover for the shortage in ED, is an obstacle in performing effective and comprehensive care. The environment and critical nature of ED completely differs from other departments.

> SA1P2 said: “I had someone in the emergency room with me, not from the Emergency team, and I did not know how to act frankly. When I asked for help, he

came to look at me from behind the curtains and said “OK, what should I do for you!!? “

This result is supported by Hajaj (2014) &Crilly, et al. (2004) where both studies cited that some of the factors that cause violence in ED are inadequate and inexperienced staff in dealing with violent behaviors. Also 74% of 81 nurses' participants in a study held in Nigeria by Ogundipe et al. (2012) admitted that they did not receive any type of training on how to handle violent incidents, which negatively affected their experience and exposure to these situations.

The poor performance of staff leads to aggressive behavior from patients and their companions.

Nurses are the most important asset of the ED. They should be highly qualified to work in the ED.

MO2P3 explained, “There are some nurses who don’t know how to insert a cannula for a child. Parents come at us hatefully, “We are not experiment fields, do not train on us”

This result was supported by a study conducted by Roche et al. (2014), that reported the presence of higher skilled nurses with a bachelor of science in nursing degrees were associated with fewer reported perceptions of violence at the ward level.

Moreover, the inappropriate communication and interaction between patients and the health team is also raises the risk of violence.

> RM3P2 said: “Unfortunately, sometimes the medical staff do not have good communication techniques such as: "Wait in line.” “There is a patient in line before you.” “What can I do?” “I don't have space.” “Go complain to the Ministry. “

This result is coinciding with a study conducted by Lau et al. (2012) showed that patients' and relatives' tolerance towards waiting times varies and focusing on effective communication may be more appropriate than attempts to reduce waiting times. In addition, Darawad et al. (2015) mentioned poor communication skills as a reason for workplace violence. Moreover, Angland et al. (2014) found that the lack of communication between nurses and doctors is a causative factor of violence and aggression by patients toward nurses because it will affect the patient treatment

Few nurses in this study complained about their colleagues' lack of professional behavior

> SH3P6 said: “Joking too much with patients and companions leads to violent behaviour sometimes “

This result is coinciding with the study of Shafran-Tikva et al. (2017) which mentioned that 48% of the respondents stated that staff behavior contributed to violent episodes. In addition, Najafi et al. (2017) considered inappropriate professional communication as one of the predisposing factors for violence

Most of the participants (N=9) spoke about how crowdedness of patients and companions increase the risk of violence in ED which sometimes induced by a lack of places

> MS3P1 mentioned: “There is no control for visitors. At that time, there were approximately 20 visitors from each family, other than those present outside. There

is no protocol in the hospital that specifies the number of visitors. If the visitors did not enter, the whole problem would not have happened!! "

SN2P3 said: "It is full of patients. I cannot stop my work for a bit, to find an alternative solution for the patient. Not even two minutes of thinking. "

RF1P2 mentioned: "Sometimes there are 5-10 patients who are scheduled for admission, but there is no room for them."

This result is coinciding with the study of Albashtawy & Aljezavi(2016), which found that overcrowding is considered one of the factors that cause violence in ED.

Almost all of the participants agreed that the patient's relatives and escorts perpetrated the violent incidents; in very rare cases, the patients themselves are responsible for the violence, like alcoholic patients and drug abusers. This is contrary to the result of Darawad et al. (2015) who mentioned that half of violent incidents were caused by patients themselves and the other half were caused by their escorts and relatives. However, it is supported by the result of a study held in China by Shi et al. (2017) which mentioned that the most common perpetrators of violence were the patient's male relatives.

They also listed the poor management practice as one of the important causes of violence (N=8).

SN2P3 said:" when you know that you have no place for admissions, why not transfer the patient to another hospital. Why should they stay in the emergency department for a day or two? "

> MO2P5 said: “In the Emergency Department, in particular, you can’t just assign any nurse there. He\she should be qualified “

According to Seow (2013), ED management entails ensuring that the teams work in an environment (people, system and place) where they can deliver the best care to their patients. People management in ED includes managing team building and team dynamics, communication, conflict resolution and the complex relations between people working in ED and the society. Managing system includes: Standard of protocols and clinical decision support, ED is a complex system, allow the practitioners to self-organize and accomplish the objectives. Logistics and supplies, ED nurses should not have to be distracted by misplaced or inadequate equipment or supplies. Performance indicators, ED management have to decide what to measure and track in order to establish a successful plan for achieving their goals. Contingency planning, ED management have to plan and prepare for disasters, ex. terrorist attacks, earthquakes, infectious disease outbreaks, because the EDs were one of the first agencies involved.

Managing the place includes: deployment of physical space, when planning the layout of ED, managers must take into consideration the composition of their patient, population, and the patients' flow. Surge capacity, managers have to plan an area to accommodate surges in patients, ex. disease outbreaks, overcrowding. Physical environment, the ED operates 24 hours a day. The ED managers should ensure about the cleanliness of their ED, because it's played a role on the first impressions, psychological comfort, and infection control.

In addition, this result was supported by Najafi et al. (2017) who considered inefficient organizational management as one of the predisposing factors for violence. In addition,

according to Darawad et al. (2015) they mentioned that one of the reasons for workplace violence is the attitude of management and heavy workload.

Some of the nurses complained about the absence of strict legal policies to deal with violence (N=6), which enhances the occurrence of violence.

> SH3P2 mentioned: “For those who know no punishment, will misbehave “
>
> JS3P4 said: “Once, we filed a complaint against security personnel, and he was arrested, His team communicated with our administration so that I could drop the charges. The administration makes employees feel unsafe, telling us to watch our backs because the Intelligence Agency will give us problems with any future legalities. It's a form of threat!”

This result is supported by Roche et al. (2010), which stated that lack of hospital policy against perpetrators is considered one of the factors that encourage violence.

Some of the participants talked about long waiting time, as one of the important causes of violence in ED (N=6)

> RM2P1 noted: “The problem is that registration takes half an hour, triage takes time, and they start calculating the waiting time”

This result was supported by Crilly et al. (2004) who reported that the average waiting time of patients reported to be perpetrators of violence was 66.2 minute, also the result showed that patients given triage levels three or four were the most frequent perpetrators of violence.

All participants highlighted the impact of **external-related issues** on violence in ED, which was the second theme; they spoke about four types of external related factors, including types of cases, financial problems, political situation, and lack of pre-hospital care qualifications.

The majority of participants confirmed that there is a relationship between types of cases and violence in ED.

> SH3P4 noted: “During street problems, it is well known that only thugs come. Sometimes they yell at you “Come on move yourself, faster than this. “
>
> MO2P2 said: “It seems as he was under the influence of alcohol or drugs and was not sober. He started grabbing things and breaking them “
>
> HF2P4 said: “We received a patient who was hit by a bullet from the occupational forces. When his family came, they started banging on the doors of the CPR room yelling “Hurry up and bring him back to life, we don’t want him to die!” In the end, the patient was martyred. The situation outside was very bad. We expected anyone who goes outside will get beat up.”

These results coincide with the studies of (Pich et al. 2011, Choulau et al. 2012, Stene, et al. 2015) which consider alcoholic patients, patients in pain and stress, as the highest contributing factors that cause violence in ED.

Some of the participants agreed that the financial situation is directly affecting the aggression of patients and their companion and results in violence, some of the patients don't have health insurance, so they have to pay in order to open an emergency medical file and they have to pay for each required medical test, or they have health insurance, but they use it incorrectly because they don't have enough money to pay for the private outpatient clinics when their

medical condition is not urgent, so they preferred to go to ED and pay a small amount of fee, so when they are referred to the outpatient clinics from the triage department, they get angry on the medical staff and start to assault them, this issue may result from poor economic status in Palestine.

> SN2P4 mentioned: “He doesn't have insurance, and when they ask for registration fees and require him to pay money, he has to pay to the office to open a file. Then he enters the department and vents his anger out at the team, when discussing with the nurse why he has to pay.”

This result was supported by Davey et al. (2020) which considered the financial stressors of paying for medical care as one of the factors that cause violence in ED.

A few participants mentioned that the political situation in the country lead to violence. Unfortunately, the medical staff is harmed, especially if there are wounded patients in the ED after clashes happened with the occupation soldiers.

> RF1P7 stated: “Someone nearby asks, for example, “what is the name of this patient who came with a gunshot wound?” If we did not respond to him in order to ensure the privacy of the patient, he starts screaming and cursing at us. Usually, he would be an undercover Israeli settler or a spy… At the time of the invasions, the army used to enter and take the medical staff for investigation and detain the patients. “

> MO2P1said: “The emergency medical staff have been attacked by undercover Israeli settlers. They were being beaten with batons and pistols; the base of the pistols was used on the head, back and shoulders. “

This result was explained by Abu Ali (2012) he mentioned that Palestinian face many hardships in their daily lives which leads to a different rate of victims, which will increase frustration aggression process. In addition, this result was supported by the Palestine Red Crescent Society (2010).

According to Seow (2013) the hospital management may have feelings of insecurity if they can't control the ED from political problems, they must be alert, and it is important to have a proactive approach rather than a reactive approach towards them.

A few of the participants identified the lack of pre-hospital care qualifications of emergency medical services staff (EMS), paramedics and referring physicians as causes of violence.

The participants said that most EMS employees are first aiders, their qualifications are very weak, also they do not have effective communication with the patients and most of times they do not coordinate with the emergency departments before referring patients to them.

> MM1P3 said: “Some EMS providers are ignorant or apathetic. I asked him how the strike happened, and he says “I don’t know”! They do not have the capabilities to assess or act. “
>
> MM1P5 stated: “Whatever the patient wants from the family doctor, he will offer without discussing the other point. For example, if the patient has stomachache for a month and asks for an emergency referral, the physician refers him to ED!“
>
> RF1P4 mentioned: “Sometimes the ambulance brings cases in need for emergency services, and sometimes cases are not urgent. The ambulance staff does not coordinate with us when they respond to the patients. If they inform us about the

> traffic accident with four severely injured patients, we would you told them that we have no vacancy; no CT scan; no thoracic surgeon on call... “

According to Ogundipe et al., (2012) many participants in their study reported that patients come to ED even if they didn’t need ED services, so this problem promoted aggressive behaviors between nurses and patients and their relatives.

The result also was supported by Ansari et al. (2018) study finding in which the representatives of law enforcement agencies mentioned poor quality of services and low competency of health care providers as a cause of violence. In comparison with public and private sector ambulance services, private sectors reported a significantly lower proportion of physical violence. This is indicative of better institutional rules in the private sector.

The majority of participants talked about **people's' knowledge and attitude related-issues**, they mentioned peoples' lack of respect as another cause of violence.

> RF1P3 said: “The patient told me “Move one of the patients, I want to sit in his place!”
>
> RM3P2 mentioned: “The companion raised his hand and started shouting “I work for the government, and I am so-and-so. (I don’t care about anyone.)”
>
> MS3P2 said: “I heard it with my own ears “They don’t do what they’re told except with a red eye! “”

This result was supported by Brophy et al. (2017) who found that lack of respect for healthcare staff and negative societal attitudes towards women as a social risk factor of violence.

Also, most of the respondents spoke about misconceptions and socio-cultural beliefs

> MM1P3 stated: “The prevailing culture, is that East Jerusalem provides less care for the patients than the Jews. He told us “It is difficult for me as a policeman, to control the situation among the Arabs. It is possible for young people to attack the policemen themselves “
>
> JA1P2 said: “There was no justification for what he did (shouting and cursing bad and rude words). I suspect that the people have a lack of awareness in the situations they make. We were all surprised at why he did such a thing. “

Albashtawy & Aljezavi (2016), mentioned that the expectation of health care services can be a promoting factor of workplace violence.

Some of the respondents mentioned that the lack of people's knowledge of medical procedures leads to misunderstanding and then violence.

> MO2P2 stated: “Most people think that when they come to the emergency department this means “I am a high-risk patient, you need to see me now.” Or they want to interfere with medical matters in a wrongful way; “I want an antibiotic” even though he doesn’t need it. If I refuse to prescribe it, he makes a problem and screams.”

This result supported by Fallahi-Khoshknab et al. (2016) they found that a lack of people’s knowledge of medical staff tasks was the most common contributing factor to physical violence. Moreover, according to Howerton Child & Sussman (2017) the patients may feel frustrated because they are coming to ED and they do not understand the triage process, and the expected time to be seen by a physician.

4.3.3. Section three: Staff feelings

By using thematic analysis, four major themes for the interviews emerged relating to the staff feelings. Figure 4.8. Shows the four themes and sub-themes of staff feelings.

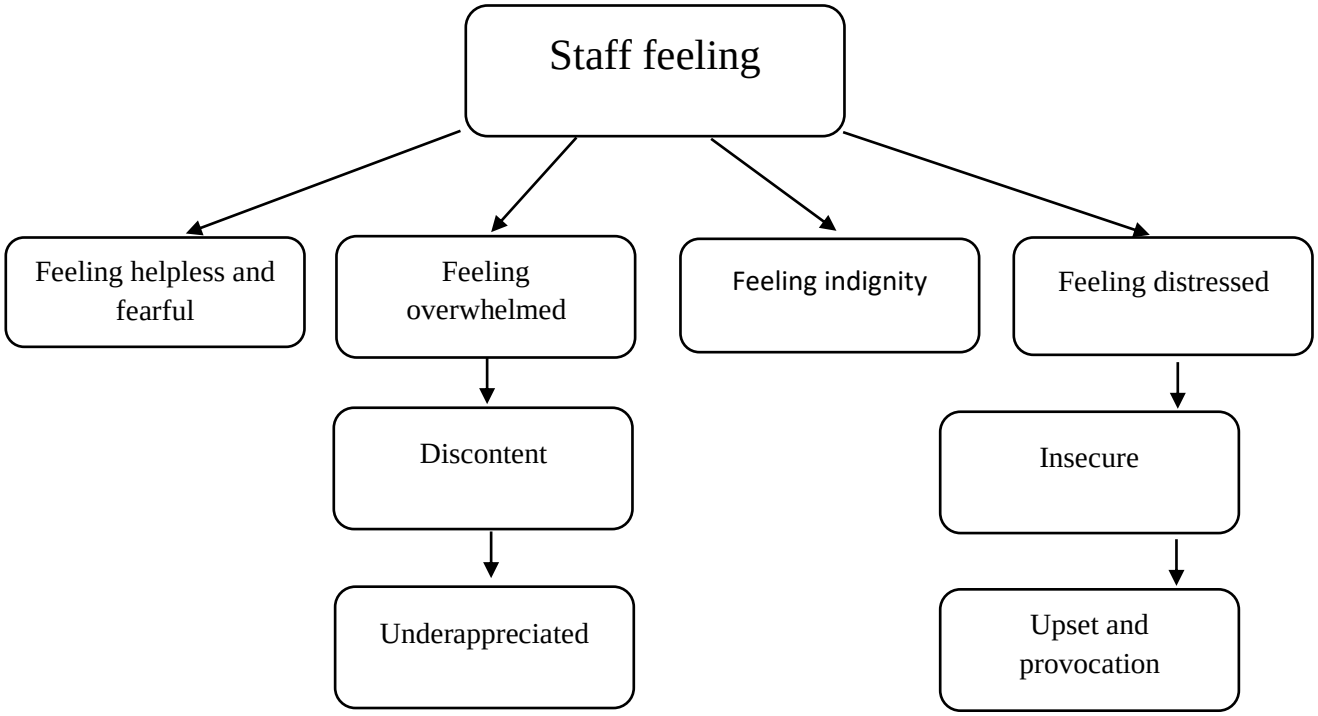


Figure 4.8. Themes and sub-themes related to staff feelings.

The first theme was **feeling helpless and fearful**

Fear of personal targeting, SH3P3mentioned: “Fear is the master of situations. It reaches a point where the young nurses become afraid because their families are not around them (they are living in a dormitory), they think about who is going to stand with them or protect their backs. “

MS3P1 said “I was afraid of being injured by mistake, that a bullet would hit me by mistake. No one would be able to return to me anything I may lose, no one could compensate me. I was very afraid that I would die for something that doesn’t matter. “

Fear of bearing the consequences, SA1P1stated: “I am always afraid to do something wrong and cause a problem. This is because I hear from the staff here, that whoever causes a problem, in the end, that person will bear all the consequences. No one will help with the blame “

Fear of losing a job and livelihood, SA1P8 noted “I was new, and afraid of losing the contract since we’re still in the training period. I felt that I didn't have to tell the senior staff so it wouldn’t count as a point against me. “

The second theme was **feeling overwhelmed**, with two subthemes:

Feeling discontent, JM2P1 said: “You think to yourself, what forces me to endure such situations; why is there no one to protect me; why do people think that I get my salary just because they have health insurance (as if they are paying my salary). Every time it is the same situation. I get very upset. Why should I stay in the Emergency Department? Look at the other units, they are exposed to violence much less than in the Emergency Department “

Feeling underappreciated, MM1P1stated: “The incident happened in front of the nursing students, my colleagues and everyone else. You feel your knowledge is worthless, I mean, there is no appreciation. As if they are saying it is none of your business, why are you asking about this issue? Just treat the patient and finish your work, don’t open an investigation!! “

The third theme was **feeling indignity**, MS3P4 said: “The situations that have no solutions have taken a toll on me. I did not come from the streets. I am the daughter of respectable people. Who are they to raise their voices and curse at us? “

JS3P1 mentioned: “I felt as if I were a very vile thing, with no value at all. It was a feeling of injustice “

The fourth theme was **feeling distressed** with two subthemes:

Feeling insecure, HR3P4 stated: “It was a sad feeling. I lost hope. The thing we were not expecting was present, and very close to us. At any moment, it can happen to us. “

SN2P8 said: “It is possible for the nurse to hate the department in which he works, and look for an alternative department because he did not feel safe in his department. He reached the stage of burnout.”

Feeling upset and provocation, MS3P4 said: “Sometimes, seriously, I go home and cry from the emergency department. Not once or twice, many times! I am tired. This is not life. All of us are mentally strained. “

According to Ramacciati et al. (2015) feeling of injustice, fear and stress do hurt the emergency nurses, violence also has a negative impact on nurses which may lead to frustration, anxiety, sadness, low self-esteem, and anger that may last for long times and may progress to post-traumatic stress syndrome.

According to Hassankhani et al (2018), nurses are suffering from workplace violence consequences; they have mental and physical health risks, threats to professional and social integrity. For example, they suffered from depression, lack of motivation and feeling

hopelessness and isolated, feeling of unpleasant emotions like insecurity, sadness, fear, frustration.

4.3.4. Section four: ways of prevention.

The interviewed participants were asked to indicate or to talk about the preventive strategies that might decrease violence against nurses in ED. The results showed that new actions and decisions needs to be taken by the hospital administration to handle the violence and enhance the quality of care and improve the staff performance and reactions to violence. These strategies are the followings:

1. Enhance the security system, all of the participants talked about this point, the importance of security personnel presence around the clock inside the emergency building and increasing the number of security personnel to cover the hospital demands. RF1P6-7 said: “Security system must be private companies not daily paid personnel, because they don't have an affiliation to the institution... If the military officer handles the conflict and even beat the perpetrators, the law would protect them, because they were working on resolving a conflict...When a security company has powers conferred by the police, they can do anything except the shooting."

   This result was also supported by Morphet et al. (2014), and Howetron Child (2017) the findings of these two studies focused on the importance of the existence of visible security guards in the ED all the time to decrease the threat of violence and increase security and feeling safe. According to some nurses in the study of Hyland et al. (2016), working in ED without the continuous presence of security personnel looks like working in a terrifying place. However, a critique toward security personnel were

presented in the study of Angland et al. (2014), they said that not all security personnel are interested in their work, which were seen as a factor that cause violence in ED.

2. The participants also talked about the importance of activating (code white) which refers to emergency response for a violent person, by creating a special button easy to access in different places in the ED. This suggestion was similar to the studies of Angland et al. (2014) & Morphet et al. (2014) which suggest giving personal security alarms to everyone.

3. Enhance the quality of care, by applying proper nursing orientation and rotation programs in hospitals, adapting the number of medical staff members to the demand of ED, hiring qualified nurses with effective communication skills, and improving the triage system. MO2P5 said:" The patient should receive high quality services by high qualified nurse, you can't hire a general nurse in the ED in particular"

   This result was supported by Ogundipe et al., (2012), there are some attributes in nurses which will decrease the risk of violence, like their availability, respectfulness, support and responsiveness. In addition, according to Gillespie et al. (2017) managers have to include the expertise of nurses working in the field in the planning phase to establish properly functioning strategies to prevent workplace violence

4. Enhance the communication process, this includes the communication between pre-hospital care, the ED medical staff, and the hospital medical staff themselves and between the medical staff and patients and their companions. The participants pointed out several important points in this regard, including: demonstrating the ability to face

violence by being assertive, trying to control their anger, using body language effectively, talking respectfully, and not arguing with the perpetrators or to react by the same action, and dealing with them according to the situation. SN2P5 stated:" If I respond to the companion in the same way he behaved, insulting and shouting, this will lead to a dead-end".

JA1P2 said:" Nice talking, reassure the companions about their patients, the nurse should not be blunt or cruel when dealing with patients, and one responds to others!" According to Darawad et al. (2015) and Richardson et al. (2018) poor communication skills should be managed to reduce the risk of violence, ED nurses have to become professionals in their workplace

5. Do some modifications to the hospital structure by allocating a safety room for the staff and a special entrance for the ambulance and special room next to the ED for non-urgent cases, and a triage room, expanding the hospital to accommodate more cases. RF1P6 said: " there should be an emergency exit for the medical staff, and a special safety room, which doesn't open without entering a passcode, with an emergency exit from inside the room itself "

   This suggestion was matched with Angland et al. (2014) and Morphet et al. (2014) they indicate the importance of improving the design of the ED.

6. Customer service training, most of the participants agreed with conducting courses in effective communication and how to deal with violence by the Continuous Education Committee in the hospital or including the violence report process in the orientation program for the new employees. JA1P4 mentioned: "Improving the capabilities of

medical staff by conducting courses on effective communication methods... here in the ED we are the first line of defense"

The communication training would be beneficial to minimizing violence as reported by Angland et al. (2014). Also, according to Hyland et al. (2016), they mentioned the importance of education about how to control work place violence and hardiness training to decrease the work-related stress when encountering violence at work.

7. Create a clear policy for violence by the hospital administrators, include it in the orientation program, and generalize it to all of the employees, also to activate the role of the quality and safety committees in studying and analyzing the incident report in order to find solutions to the problems. MS3P3 mentioned "employees must be protected... any case of violence against medical staff should not be tolerated... those responsible should be punished".

   According to Hassankhani et al., (2018) Policy makers and the hospital management should implement proper strategies towards work place violence.

8. Regulate the entrance of companion to ED, some of the participants in the study indicated that most of the violent incidents are caused by the companions not by the patients themselves, and the presence of a large number of companions inside the ED without existing of clear instructions which limit their numbers, will leads to overcrowding and chaos, especially in certain situations such as injuries caused by traffic accidents, quarrels or political events. SN2P3 stated: "we have to specify the number of companions with each patient (only one companion)".

This result was supported by Darawad et al. (2015), when they suggested making a strict visitor policy in order to benefit from making the ED atmospheres calmer

9. Clients' education, study participants emphasized the importance of raising public awareness, and suggested several methods that could be used, for example: in the waiting room, using a TV screen to display a simple clear video with audio instructions or using large awareness posters or small flyers to display written instructions about the most misunderstood issues in an ED, for example the triage system, or to direct patients with non-urgent cases to visit the out clinics instead of ED. They also emphasized the importance of having a strong role in the media-television and radio, social media, and the Internet, in order to confirm the importance of respecting medical staff and to clarify the laws and consequences of violence on perpetrators. MM1P3 said: "Placing an announcement on the news official websites regarding the actions taken against the aggressor such as the policeman who assaulted the nurse was punished... If such this event happened here in our country, it will be a great deterrent for people"

   This result was supported by Angland et al. (2014), when they suggest some remarks about electronic screens, which shows the approximated waiting time, this will relieve some of the stress in the ED. Also, Morphet et al. (2014) Education given to patients and their relatives about emergency department could be beneficial to minimizing the workplace violence.

10. Decrease waiting time, it includes shortening the periods of registering, receiving patients to ED, admission to in-patient departments, discharge or transfer processes, also shortening the response time of the ED or consultant physicians.

    According to Gillespie et al., (2017) when minimizing the waiting time, the risk for workplace violence will also decrease.

11. Building trust relationship between hospital managers and employees, by making the employees feel safe, and acting professionally in analyzing and addressing problems of violence incident report, in order to encourage employees to report violence, some of the participants talked about the necessity of having females in the administrative structure of the institution, because of cultural issues, sometimes female nurses refrain from reporting the incidence of violence, if they do not find another female employee at the administrative level to discuss the incident with her and talk without restrictions, also some participants suggested that there should be an official lawyer in the institution to defend the legal rights of employees. MS3P3 said:" The most important thing is not to blame the nurse, and do not interrogate him\her by saying "why did you behave in this manner? (Talking to the perpetrators or arguing with them), why did you curse them?" this will make him\her feel safe so that he\she will write the incident report without any hesitation "

    This result was supported by (Morphet et al. 2014, Wolf et al. 2014 and Ogundipe et al. 2012) when they mentioned that in order to make the employees think that they are supported by their hospitals, their hospitals management should engage in a more proactive attitude against workplace violence.

Chapter 5

Research outcomes

5.1. Introduction:

This chapter presents the outcomes of the study about nurses' experience with the types of violence and their feelings, also nurses' perceptions of the factors which cause violence, and ways of prevention in the emergency department, and the limitations of the study, and the conclusion and the recommendations.

5.2. Limitation of the study:

1. There are limited researches conducted about violence in ED in Palestine especially the qualitative study. Therefore, it was difficult to compare and discuss the results of the study with local studies.

2. The female nurses who are working in ED are fewer than males. Therefore, the interviewed female nurses were minimal in this study. So, the experience, reaction and feelings of female nurses might not be well captured in this study.

3. In light of the Corona pandemic, there were many sudden transfers of nurses between departments, which new employees were hired in the emergency department, and most of them did not have enough experience with violence in emergency departments. This led to extending the data collection period.

4. Restrictions of mobility between areas due to Quarantine in the pandemic areas, in some cases, it was difficult to set a date for online interviews without the ability to meet the

staff and identify the appropriate participants according to the selection criteria. In some cases, it was difficult to set up online interviews because of nurses' busy schedules.

5. Some of the emergency departments were overcrowded, so it was not easy to find a minimum of 40 minutes to conduct the interviews while the nurses were on duty, and it was difficult to coordinate with them to conduct the interviews after work due to their limited time and their obligations.

5.3. Recommendation:

- For the researchers and Palestinian universities:
    1. To conduct further research related to violence in ED to assess the effect of nurses' experiences in adopting new strategies and carrying out interventions to reduce work place violence.
    2. To develop communication, violence and stress management training courses in Palestinian universities.
- For the hospitals and the Palestinian Ministry of Health:
    1. To implement a violence prevention plan to protect the nurses at the emergency departments and to implement an appropriate and friendly user tool for reporting workplace violence.
    2. To include the analyzing process of work place violence report in to the job description of the Safety and Quality Committees, and to involve the employees who have been subjected to violence in discussing and analyzing the report in order to determine the risk factors and to find solutions.

3. Management in the hospitals should support the employees, maintain their confidentiality and dignity, and do an effective intervention by setting strict laws against workplace violence.
4. To hire a proper number of highly qualified nursing staff in the emergency department, cover the staff shortage and apply proper orientation and rotation programs for nurses, in order to increase the quality of services and decrease workplace violence.
5. Redesign the ED structure to include waiting areas, triage room, and treatment area, and separate high risk and agitated patients from other patients, in order to organize the department and decrease the overcrowding and unrequired incidents as possible
6. Creating a safe environment at work by using suitable precaution, for example: unbreakable glass in the nursing stations, placing non-removable chairs and fixed equipment to prevent them from being thrown on the staff, also to add safety room, security alarm, and emergency exit for the staff to help them in withdrawing from the scene.
7. For continuous education departments; to conduct orientation programs for the staff about workplace violence, including the types of violence, reporting system and tools, the importance of reporting process and teach them the ability to evaluate circumstances which lead to violence, and to identify the potential

violent patients. Also, to establish a stress management and communication training courses for the ED team.

8. To educate and hire special reception personnel with expertise towards high-risk patients, in order to bring them into the ED by the security staff, and also to be a reference to answer the inquiries of patients and their relatives.
9. The extensive need for psychological support after violent incidents, which includes referring employees to social workers, rewarding them by hospital management, and giving support from society and the legal system, to decrease burnout and thinking about turnover.
10. Develop the security system in ED with clear tasks and responsibilities for the security personnel in order to prevent and respond to incidents appropriately.

5.4. Conclusion:

The results showed three categories for the types of violence witnessed or experienced by the respondents, physical violence, verbal violence and sexual harassment.

Also, numerous factors can contribute to the prevalence of workplace violence, these factors are classified into three major themes: Knowledge and attitude related-issues, External-related factors and System-related issues, these classifications have thirteen subthemes which

are the factors for causing violence in ED. Four major themes from the analysis of the interviews emerged relating to the staff feelings, which are: Feeling overwhelmed, feeling distressed, feeling indignity and feeling helpless and fearful. There is an extensive need for psychological support after violent incidents by hospital managers, society and the legal system.

Moreover, some suggestions were noticed by the participants and researcher, in order to handle violence; universities and hospitals should establish communication, violence and stress management training courses, Moreover, hospitals should restructure the ED by adding triage and waiting times and treatment areas, allocating a safety room, emergency exit and security alarm for the staff and to enhance the security system. In addition, public awareness about the function of ED should be increased.

The results showed that, there is no clear known system of how to report violence. Different issues mentioned by the respondents, prevent ED nurses from reporting violence. One of the most mentioned issues was, mistrust of the hospital, and its ability to get their right, also that they do not want to amplify the problem to become a personal issue.

References:

Abu-Assab M. (2019). Sexual Harassment against Female Medical Workers in West Bank Governmental Hospitals. Alquds University.

Abu-Ali N. (2012). Violence against health professionals in Palestinian Hospitals: Prevalence, sources, Responses and Prevention. Bethlehem University Journal, Vol. 31.

Adib, S. M., Al-Shatti, A. K., Kamal, S., El-Gerges, N., & Al-Raqem, M. (2002). Violence against nurses in healthcare facilities in Kuwait. International Journal of Nursing Studies, 39,pp 469-478

ALbashtawy M. & Aljezavi M. 2016. Emergency nurses' perspective of workplace violence in Jordanian hospitals: A national survey. International Emergency Nursing January. 24, 61-65.

Aljohani B, Burkholder J, Tran QK, Chen C, Beisenova K, Pourmand A. Workplace Violence in the Emergency Department: a Systematic Review and Meta-Analysis. Public Health (2021) 196:186–97.

Al-Maskari S.A., Al-Busaidi I.S., Al-Maskari M.A(2020). Workplace violence against emergency department nurses in Oman: a cross-sectional multi-institutional study, International Nursing Review, Volume 67, Issue 2, Pages 249-257

Angland S., Dowling, M. & Casey D. 2014. Ireland. Nurses' perceptions of the factors which cause violence and aggression in the emergency department. International Emergency Nursing. 22 (3). 134-139.

Ansari L., Shaikh Sh., Polkowski M., Ali K., Jamali S., Mazharullah L., Soomro M., Kumari B., Memon S.,Maheshwari G. and Arif S. (2018). Violence Against Health Care Providers: A Mixed-Methods Study from Karachi, Pakistan. The Journal of Emergency Medicine. Volume 54, Pages 558-566.

Arafa A., Shehata A., Youssef M., Senosy S. Violence against healthcare workers during the COVID-19 pandemic: A cross-sectional study from Egypt. Arch. Environ. Occup. Health. 2021:1–7. doi: 10.1080/19338244.2021.1982854.

Aydin, B., Kartal, M., Midik, O., & Buyukakkus, A. (2010). Violence against general practitioners in Turkey. Journal of Interpersonal Violence, 24, 1980-1995.

Ayranci, U. (2005). Violence toward health care workers in emergency departments in west Turkey. The Journal of Medicine, 28, 361-365.

Barbra F. (2005). Bailliere's Nurses' Dictionary: For Nurses and Health Care Workers. P (189).

Brophy J. , Keith M. and Hurley M.(2017).Assaulted and Unheard: Violence Against Healthcare

Staff. New solutions a Journal of Environmental and Occupational Health Policy.27(4)

Burnard, P., 1991. A method of analyzing interview transcripts in qualitative research. Nurse Education Today 11, 461-466.

Chuo Lau J., Magarey J. & Wiechula R. (2011). Violence in emergency department: an ethnographic study. pp 129_130.

Chen C, Huang C, Chen C. The relationship of health-related quality of life to workplace

physical violence against nurses by psychiatric patients. Qual Life Res. 2010;19:1155–61.

Crilly, J., Chaboyer, W., &Creedy, D. (2004). Violence towards emergency department nurses by

patients. Accident and Emergency Nursing, 12(2), 67-73, available online at: https://www.nursingeconomics.net/ce/2013/article29059066.pdf, (last accessed on:25/11/2020).

Crilly J. , Larson E. , Levy M., Dohlman M. , (2004). Violence Toward Emergency Department Nurses by

Patient, Accident and Emergency nursing journal, volume 12, Page 67-73.

Darawad, MW, Al-Hussami, M., Saleh, A., Mustafa, WM. & Odeh, H. 2015. Violence Against

Nurses in Emergency Departments in Jordan: Nurses' Perspective. Workplace Health & Safety. 63, no. 1, 9-17.

Davey K., Ravishankar V., Mehta N., Ahluwalia T., Blanchard J., Smith J. & Douglass K. (2020).

A qualitative study of workplace violence among healthcare providers in emergency departments in India. International Journal of Emergency Medicine,13, Article number: 33

ENA (2014). Position Statement: Violence in the Emergency Care Setting. Emergency Nurses

Association, Des Plaines, IL. http://www.ena.org/SiteCollectionDocuments/Position%20Statements/Violencein the Emergency CareSetting .pdf (last accessed 19\09\2020)

Erkol, H., Gokdogan, M. R., Erkol, Z., & Boz, B. (2007). Aggression and violence health care providers e a problem in Turkey. Journal of Forensic and Illegal Medicine, 14, pp 423-428.

Esmaeilpour, M., Salsali, M., & Ahmadi, F. (2011). Workplaceviolence against Iranian nurses working in emergencydepartments. International Nursing Review, 58(1), 130e137.

Etienne G. Krug, Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi and Rafael Lozano (2002). World report on violence and health . *World Health Organization* ,p. 23-26.

Fallahi-Khoshknab M., Oskouie F. , Najafi F., Ghazanfari N., Tamizi Z. and Afshani Sh. (2016). Physical violence against health care workers: A nationwide study from Iran. Iranian Journal of Nursing and Midwifery Research, Vol. 21

Farlex P. (2009). Medical dictionary.

Fernandes, C., Bouthillette, F., Raboud, M., Bullock, L., Moore, F., Christenson, F., Grafstein, E., Ouellet, L., Gillrie**,** C., 1999. Violence in the emergency department a survey of health care workers 161(10), pp 1245-8.

Ferri P, Silvestri M, Artoni C, Di Lorenzo R. Workplace violence in different settings and among various health professionals in an Italian general hospital: a cross-sectional study. Psychology Research and Behavior Management. 2016;9:263–75.

Forero R, Nahidi S, De Costa J, Mohsin M, Fitzgerald G, Gibson N, McCarthy S, Aboagye-Sarfo P. (2018). Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. BMC Health Serv Res. 17;18(1):120. doi: 10.1186/s12913-018-2915-2.

Gacki-Smith, J., Altair, M., Juarez, Boyett, L., 2009. Violence against nurses working in US Emergency departments 39(8) , pp 340-349.

Gates, D.M., Ross, C.S., McQueen, L., 2005. Violence: recognition, management and prevention. The Journal of Emergency Medicine 31, 331–337.

Gilchrist, H., Jones, S.C., Barrie, L., 2011. Experiences of emergency department staff: alcohol-related and other violence and aggression. Australasian Emergency Nursing Journal 14, 9–16.

Gillespie, G.L., Gates, D.M., Miller, M., Howard, P.K., 2012. Emergency department workers'

perceptions of security officers' effectiveness during violent events. Work 42, 21–27.

Gillespie, GL., Pekar, B., Byczkowski, TL., & Fisher, BS. 2017. Worker, workplace, and community/environmental risk factors for workplace violence in emergency departments. Archives of Environmental & Occupational Health, 72(2), 79–86.

Gurney, D.; Bush, K.; Gillespie, G.; Patrizzi, K.; & Walsh, R., (2014), Violence in the Emergency care sitting, Emergency Nursing Association Journal.

Hajaj A.,(2014). Violence against Nurses in the Workplace, Middle East Journal of Nursing, volume 7, issue 3, page:20-26.

Hamdan, M., Abu Hamra, A., 2015. Workplace violence towards workers in the emergency departments of Palestinian hospitals: a cross-sectional study. Human Resource for Health v13.

Howerton Child, RJ., & Sussman, EJ. (2017). Occupational disappointment: Why did I even become a nurse? Journal of Emergency Nursing. 43(6), 545-552.

Hassankhani, H., Parizad, N., Gacki-Smith, J., Rahmani, A. & Mohammadi, E. 2018. The consequences of violence against nurses working in the emergency department: A qualitative study. International Emergency Nursing. 39. 20-25

Kitaneh M., Hamdan M.,(2012). Workplace Violence Against Physicians and nurses in Palestinian public hospitalis: a cross-sectional study, BMC health services research, volume 12, page 1-9.

Hyland, S., Watts, J. and Fry, M., 2016. Rates of workplace aggression in the emergency department and nurses' perceptions of this challenging behaviour: A multimethod study. Australasian Emergency Nursing Journal, 19(3). 143-148.

Kim H, Sefcik JS, Bradway C. Characteristics of Qualitative Descriptive Studies: A Systematic Review. Res Nurs Health. 2017 Feb;40(1):23-42. doi: 10.1002/nur.21768. Epub 2016 Sep 30. PMID: 27686751; PMCID: PMC5225027.

Kowalenko T., Walters BL., Khare RK., Compton S., Workplace violence: a survey of emergency physicians in the state of Michigan. Ann Emerg Med. 2005 ; 46 (2):142-147.

Lau, J.B.C., Magarey, J., Wiechula, R., 2012. Violence in the emergency department:an ethnographic study (part II). International Emergency Nursing 20, 126–132.

Lavoie, F., Carter, G., Danzi, D., Berg, R., 1988. Emergency department violence in United States

teaching hospitals. Annals of Emergency Medicine 17, 1227–1233.

Liang-Nan Z., Qian-Qian Z., Ji-Wen Z., Li L., Feng-Rong A., Chee H.N., Gabor S.U., Fang-Yu Y.,Teris Ch.,Ligang Ch. and Yu-Tao X., (2019). Prevalence of sexual harassment of nurses and nursing students in China: a meta-analysis of observational studies, , Int J Biol Sci. ; 15(4): 749–756.

Lyneham, J., 2000. Violence in New South Wales emergency departments. Australian Journal

of Advanced Nursing 18 (2), 8–17.

Malgorzata M. (2010), European Agency for Safety and Health at Work - EU-OSHA, Workplace Violence and Harassment: a European Picture, page 7. Available online at:https://osha.europa.eu/en/publications/reports/violence-harassment-TERO09010ENC (last accessed on 19\09\2020).

Mayer, B.W., Smith, F.B., King, C.A., 1999. Factors associated with victimization of personnel in emergency departments. Journal of Emergency Nursing 25, 361–366.

McPhaul K., M. (2004). the online journal of issues in nursing, Workplace Violence in Health

Care: Recognized but not Regulated, available online at: http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPerio

dicals/OJIN/TableofContents/Volume92004/No3Sept04/ViolenceinHealthcare.html, (last accessed on 19\09\2020).

Morphet, J., Griffiths, D., Plummer, V., Innes, K., Fairhall, R., & Beattie, J. 2014. At the crossroads of violence and aggression in the emergency department: Perspectives of australian emergency nurses. Australian Health Review, 38(2), 194-201.

Najafi F., Fallahi-Khoshknab M. ,Ahmadi F., Dalvandi A.& Rahgozar M. (2017). Antecedents and consequences of workplace violence against nurses: A qualitative study. Journal Of Clinical Nursing. Volume27, Pages e116-e128

National Institute of Occupational Safety and Health, 2002. Violence: occupational hazards in hospitals. Department of Health and Human Services, 2002–2101.

Ogundipe, KO., Etonyeaku, AC., Adigun, I., Ojo, EO., Aladesanmi, T., Taiwo, JO., & Obimakinde, OS. 2013. Violence in the emergency department: A multicentre survey of nurses' perceptions in Nigeria. Emergency Medicine Journal. 30 (9), 758-761.

Palestinian Ministry of Health (2018). Health Annual Report Palestine 2018. Health Annual Report Palestine 2018.pdf (healthclusteropt.org) last accessed on 28\08\2022.

Palestine Red Crescent Society Medical Volunteers Face Assault and Arrest during their Humanitarian Duty (2010). Informing humanitarians worldwide a service provided by UN OCHA, found in: https://reliefweb.int/report/occupied-palestinian-territory/prcs-medical-volunteers-face-assault-and-arrest-during-their last accessed on 10\08\2022.

Pich J. Hazelton M. Sundin D. Kable A. Dip G. (2011). Patient-related violence at triage: A qualitative descriptive study. pp 17.

Polit DF, Beck CT. International differences in nursing research, 2005–2006. Journal of Nursing

Scholarship. 2009;41(1):44–53.

Ramacciati, N., Ceccagnoli, A., Addey, B., 2015 . Violence against nurses in the triage area:

An Italian qualitative study .22 (3), 1-7

Roche, M., Diers, D., Duffield, C., Catling Paull, C., 2010. Violence toward nurses, the work

environment, and patient outcomes. Journal of Nursing Scholarship. 42, 13–22.

Richardson, SK., Grainger, PC., Ardagh, MW. & Morrison, R. 2018. Violence and aggression in

the emergency department is under-reported and under-appreciated. The New Zealand Medical Journal (Online), vol. 131, no. 1476, pp. 50-58.

Seow E. (2013). Leading and managing an emergency department_ A personal view.

Journal of Acute Medicine, vol. 3, pp. 61_66

Shafran-Tikva S. , Chinitz D. , Stern Z. & Feder-Bubis P. (2017). Violence against

physicians and nurses in a hospital: How does it happen? A mixed-methods study. Israel Journal of Health Policy Research, 6, Article number: 59

Sharifi S., Shahoei R., Nouri B., Almvik R., Valiee S.(2020). Effect of an education

program, risk assessment checklist and prevention protocol on violence against emergency department nurses: A single center before and after study, National Library of medicine

Shi, L., Zhang, D., Zhou, C., Yang, L., Sun, T., Hao, T., Peng, X., Gao, L., Liu, W., Mu, Y., Han,Y. & Fan, L. 2017. A cross–sectional study on the prevalence and associated risk factors for workplace violence against Chinese nurses. BMJ Open, vol. 7, no. 6. 1-9.

Shoghi, M. Sanjari, M. Shirazi, F. Heidari, S. Salemi, S. Mirzabeigi, G. (2008). Workplace violence and abuse against nurses in hospitals in Iran Asian Nursing Research, pp. 184–193.

Stene J., Chaboyer W., Creedy D.,(2015). Workplace Violence in the Emergency Department:
giving staff the tools and support to report, The Permanente Journal, vol. 19 no. 2, page: 113- 117.

Talas, M., Serpil, Kocaoz, S., Akguc, S., 2011. A survey of violence against staff working in the
emergency department in Ankara, Turkey. 5, 197-203.

Taylor, J. & Rew, L., (2010), A systematic review of the literature: workplace violence in emergency department, Journal of clinical Nursing, V.20, P:1072-1085.

Trimble T. , (1998). Emergency nursing world. Retrieved from http://enw.org/FAQ.htm.

Vittorio D., M. (2002). Workplace violence in the health sector: Country case studies, page iii, available online at:

http://www.who.int/violence_injury_prevention/injury/en/WVsynthesisreport.pdfViolence prevention initiative, (2015, Oct. 23), Research Out –Take action against violence, found in: http://www.gov.nl.ca/VPI/types/ last access (Jan. 2016).

Wolf LA., Delao AL & Perhats C. 2014. Nothing changes, nobody cares: understanding the experience of emergency nurses physically or verbally assaulted while providing care. Journal of Emergency Nursing. July 40(4). 305-310.

World report on violence and health: summary, (2002), World Health Organization posts, found in:

http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf, last access (Jun,2016).

https://www.statisticssolutions.com/the-difference-between-content-analysis-and-thematic-analysis/ last accessed on 04\11\2020.

Yassi, A., Cooper, J., Jenkins, J., Trottier, J., 1998. Causes of staff abuse in health care facilities: implications for preven-tion. A.A.O.H.N. Journal 46 (10), 484–491.

Annex A

مقابلة معمقة

معلومات للمشاركين في الدراسة:

تقوم الطالبة بيان نجدي ماجستير في تمريض الطوارئ/ الجامعة العربية الأمريكية بدراسة حول العوامل المسببة للعنف وسبل منعها في أقسام الطوارئ من وجهة نظر التمريض. لذا ندعوك للمشاركة في هذه الدراسة حيث ان مشاركتك ستغني هذة الدراسة.

ما هو موضوع الدراسة؟

يهدف البحث الى معرفة العوامل المسببة للعنف وسبل منعها في أقسام الطوارئ.

ماذا يجب عليّ أن اعمل إذا قررت المشاركة في هذه الدراسة؟

إذا وافقت على المشاركة في هذه الدراسة، سيطلب منك الإجابة على الأسئلة بدقة مع العلم بان مدة المقابلة من نصف ساعة الى 50 دقيقه، وسوف يتم تسجيل المقابلة بعد موافقتك، وإذا لم توافق/ي على التسجيل سوف نكتفي بأخذ الملاحظات.

إذا وافقت/ي على تسجيل المقابلة بإمكانك أن تطلب/ي إيقاف التسجيل في أي وقت تريد/ين. إذا شعرت بعد انتهاء المقابلة أنك تريد/ين استثناء أي معلومات تشعر/ين أنك لا تريد/ين ذكرها أو تريد/ين إضافة معلومات لم تذكر/ينها بإمكانك أن تتصل/ي بالباحثة. وسوف تعمل على إضافة أو حذف المطلوب.

هل انأ مجبره على المشاركة؟

لا، المشاركة هي غير إجبارية بل هي طوعية، وسواء وافقت على المشاركة أم لا، سيبقى ذلك قرارا شخصيا لا يناقش مع أي شخص آخر.

الثقة والسرية؟

سـيتم حفظ كل المعلومات التي سـأحصـل عليها أثناء المقابلة ولا يمكن لأحد الإطلاع عليها. كل المعلومات سـتحول لرموز. ولن يذكر اسمك، وكل المعلومات الشخصية التي تذكر/ين خلال المقابلة سيتم جمعها خلال تحليل وكتابة النتائج.

وإذا كان عندك أي استفسار نحن على استعداد للإجابة.

شكرا لك على قراءة هذه المعلومات عن الدراسة ونحن نتأمل أن تشارك/ين في هذه الدراسة.

للاستفسار الرجاء الاتصال بالباحثة: بيان نجدي على رقم: 052-3407739

1.1.1 العقد المستخدم للمشاركات في الدراسة

▪ لقد قمت بقراءة وفهم المعلومات الخاصة بالدراسة	
▪ لقد كنت قادر/ة على طرح الأسئلة ومناقشة أهداف الدراسة	
▪ لقد فهمت إنني أستطيع الانسحاب من الدراسة في أي وقت أريد بدون إعطاء تبريرات	
▪ لقد وافقت على تسجيل المقابلة	
▪ أوافق على المشاركة في الدراسة	

الاسم (المشترك) _____ التوقيع_____ التاريخ_____

الاسم(الباحث) _____ التوقيع _____ التاريخ_____

السؤال الرئيسي	أسئلة مساعدة
1. الرجاء وصف حادث عنف في قسم الطوارئ، سـواء كنت\ي انت\ي الطرف المعتدى عليه، او كنت\ي شاهد\ة على العنف.	• كيف شعرت عند مشاهدة العنف • ما هي ردة فعلك عندما حدث العنف • من وجهـة نظرك مـا هي العوامـل التي أدت لحدوث العنف في قسم الطوارئ • ما هو الموقف الذي ساعد لعلى تصاعد المشكلة أو حدوث العنف • ما هو الموقف أو ردة الفعل الذي لو تم استثناؤه لما حدثت المشكلة • ما هو المسبب لردود الفعل الحادّة
2. ما هي اقتراحاتك في تحسين مكافحة العنف في قسـم الطوارئ , سـواء قبل او خلال او بعد حدوثه؟	• كيف يمكننا منع حدوث العنف من بدايته؟ قبل حدوثه؟ • كيف يمكننا التقليل من حدّة العنف خلال الحدث ومنع استمراره؟ • كيف يمكننـا مكـافحـة العنف بعد حدوثـه؟ كيف نمنع تكراره؟
3. برأيك\ي , مـا هي اكثر او اقل الطرق فعاليـة في السيطرة على العنف في قسم الطوارئ؟	• من خلال خبرتك السـابقة، والأسـاليب او ردود الفعل الايجابية التي تم استعمالها.. • أيّ الأساليب كانت ناجحة جدا؟ • أيّ الأساليب كانت اقل فعاليّة؟

4. كيف تقوم\ين بالإبلاغ عن العنف؟	• هل يوجد قانون واضح في المؤسسة للإبلاغ عن العنف؟ • هل تم اعطاؤك إرشادات في بداية التوظيف بفترة التدريب والتوجيه بإجراءات الإبلاغ عن العنف؟ • من خلال تجاربك السابقة... هل قمت بالإبلاغ عن العنف ؟
5. لماذا لا يقوم الطاقم الطبي في قسم الطوارئ بالإبلاغ عن العنف؟	• من خلال تجاربك السابقة، سواء كنت شاهد على الحدث او جزء منه، لماذا لم يُبلِّغ الطاقم الطبي عن الحَدَث؟ • ما هي العوامل التي منعت الطاقم من التبليغ عن الحَدَث؟
6. ما هي الطرق المستخدمة في المؤسسة لمكافحة و السيطرة على العنف؟	• ما هي السياسة التي تتبعها المؤسسة لمنع حدوث العنف؟ • كيف تسيطر المؤسسة على العنف في لحظة حدوثه؟ • ما هي الإجراءات المتّبَعة من المؤسسة لمنع تكرار العنف ومكافحته؟
7. من وجهة نظرك, ما هي السياسات التي من الممكن أن تتبعها المؤسسة لمعالجة قضايا العنف؟	من خلال تجاربك في مؤسسات سابقه، او من خلال خبرتك العملية، او قراءاتك لدراسات سابقه.. • ما هي أفضل الطرق لمنع حدوثه؟

	• ما هي أفضل الطرق لتقليل حدته؟ • ما هي أفضـــل الطرق لحماية الموظفين خلال الحدث وبعده؟ • ما هي أفضـــل الطرق لمنع مضـــاعفاته بعد حدوثه؟ • ما هي أفضـــل الوســائل لتحســين الإبلاغ عن الحدث؟ • ما هي افضل الطرق لمنع تكراره؟

معلومات ديمغرافية

العمر

التحصيل العلمي

عدد سنوات العمل في المؤسسة

ما هو التدريب الذي تلقيته على التعامل مع المعنفين

معلومات عن المؤسسة:

هل لدى المؤسسة سياسات واضحة مكتوبة حول التعامل مع العنف؟

Annex B

List of experts

Mr. Naji Abu Ali, specialist in Management, and expert in violence against health professionals in Palestine.

Mr. Hussein Awawdeh, specialist in Psychiatric Nursing, and expert of inpatient aggression against nurses in mental health hospital in Palestine.

Mr. Mohammad Kitaneh, specialist in Public Health and expert in violence against physicians and Nurses in Palestine.

PhD. Motasem Hamdan, bachelor and master degrees in health management, doctoral degree in Medical and Social Science (Health Policy), expert in health policy and health system development.

Annex C: Approval letter for Beit Jala Hospital

Arab American University
Faculty of Graduate Studies

الجامعة العربية الأمريكية
كلية الدراسات العليا

2021-8-12

حضرة السادة إدارة مستشفى بيت جالا المحترمين

تسهيل مهمة بحثية

تحية طيبة وبعد،

تهديكم كلية الدراسات العليا في الجامعة العربية الامريكية اطيب التحيات، وبالإشارة الى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالبة بيان محمد أحمد تجدي والتي تحمل الرقم الجامعي 201912656 هي طالبة ماجستير في الجامعة العربية الامريكية تخصص تمريض الطوارئ، وتعمل على رسالة بعنوان " Nurses' Perceptions of the Factors Which Cause Violence and Ways of Preventions in the Emergency department: A Qualitative Study". تحت اشراف د. اسماء امام. نأمل من حضرتكم الايعاز لمن يلزم لمساعدتها في الحصول على المعلومات اللازمة للدراسة، علما" ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناء" على طلبها.

وتفضلوا بقبول فائق الاحترام

د. شاهيناز نجار

عميد كلية الدراسات العليا

كلية الدراسات العليا
FACULTY OF GRADUATE STUDIES

Page 1 of 1

Jenin Tel: +970-4-2418888 Ext.:1471,1472 Fax: +970-4-2510810 P.O. Box:240
Ramallah Tel: +970-2-2941999 Fax: +970-2-2941979 Abu Qash - Near Alrehan
E-mail: FGS@aaup.edu ; PGS@aaup.edu Website: www.aaup.edu

Annex D: Approval letter for Palestinian Medical Complex (Ramallah Governmental Hospital)

Arab American University
Faculty of Graduate Studies

الجامعة العربية الأمريكية
كلية الدراسات العليا

2021-8-12

حضرة السادة إدارة مستشفى رام الله الحكومي المحترمين

تسهيل مهمة بحثية

تحية طيبة وبعد،

تهديكم كلية الدراسات العليا في الجامعة العربية الامريكية اطيب التحيات، وبالإشارة الى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالبة بيان محمد أحمد نجدي والتي تحمل الرقم الجامعي 201912656 هي طالبة ماجستير في الجامعة العربية الامريكية تخصص تمريض الطوارئ، وتعمل على رسالة بعنوان " Nurses' Perceptions of the Factors Which Cause Violence and Ways of Preventions in the Emergency department: A Qualitative Study". تحت اشراف د. اسماء امام. نأمل من حضرتكم الايعاز لمن يلزم لمساعدتها في الحصول على المعلومات اللازمة للدراسة، علما" ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناء" على طلبها.

وتفضلوا بقبول فائق الاحترام

د. شاهيناز نجار

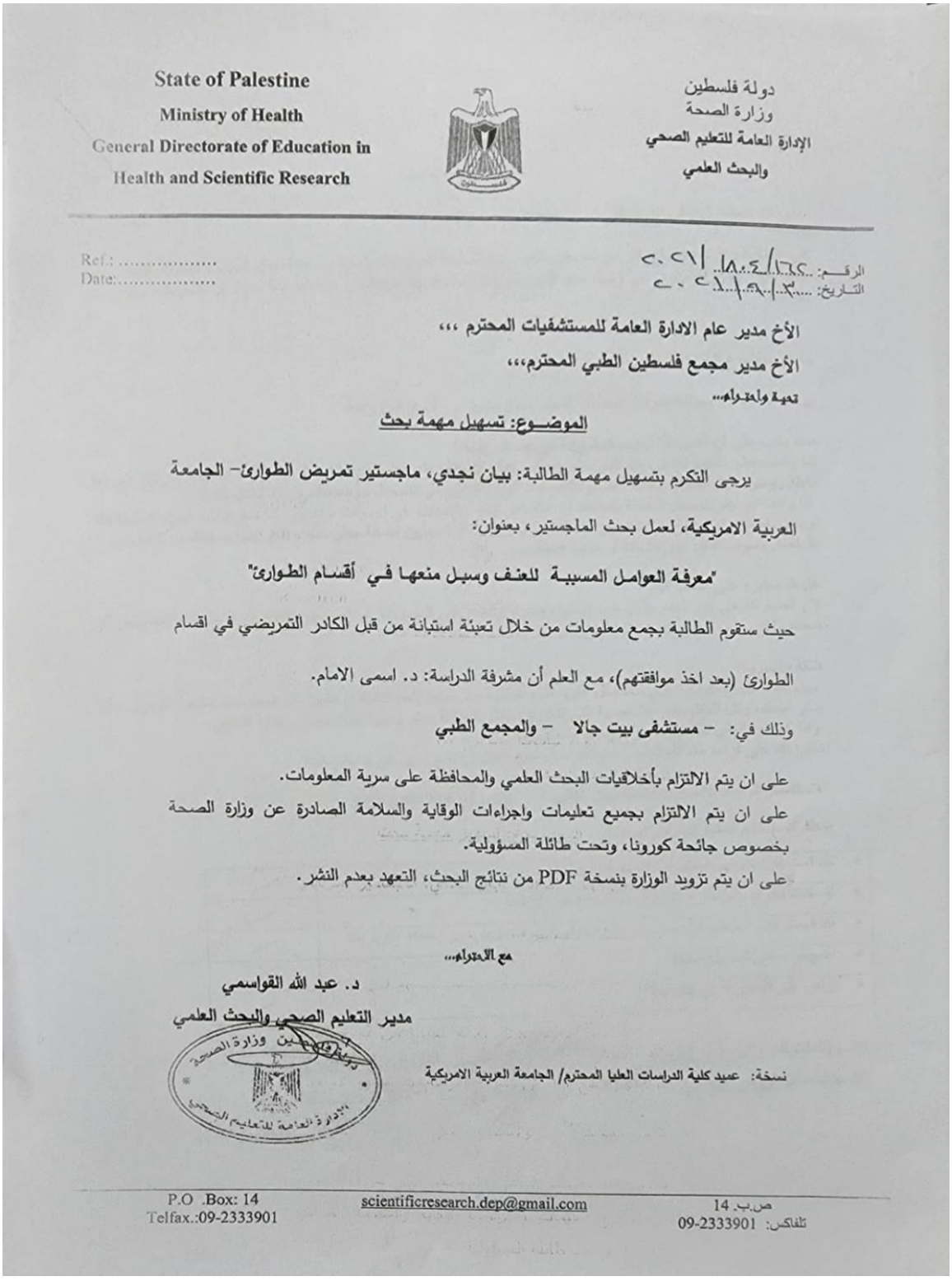
عميد كلية الدراسات العليا

كلية الدراسات العليا
FACULTY OF GRADUATE STUDIES

Page 1 of 1

Jenin Tel: +970-4-2418888 Ext.:1471,1472 Fax: +970-4-2510810 P.O. Box:240
Ramallah Tel: +970-2-2941999 Fax: +970-2-2941979 Abu Qash - Near Alrehan
E-mail: FGS@aaup.edu ; PGS@aaup.edu Website: www.aaup.edu

Annex E: Approval letter from the Palestinian MOH



State of Palestine
Ministry of Health
General Directorate of Education in
Health and Scientific Research

دولة فلسطين
وزارة الصحة
الإدارة العامة للتعليم الصحي
والبحث العلمي

Ref.: .....
Date: .....

الرقم: ٢٠٢١/١٨٠٤/١٦٦
التاريخ: ٢٠٢١/٠٩/٣٠

الأخ مدير عام الادارة العامة للمستشفيات المحترم ،،،
الأخ مدير مجمع فلسطين الطبي المحترم،،،
تحية واحترام،،

الموضـــوع: تسهيل مهمة بحث

يرجى التكرم بتسهيل مهمة الطالبة: بيان نجدي، ماجستير تمريض الطوارئ- الجامعة العربية الامريكية، لعمل بحث الماجستير، بعنوان:

"معرفة العوامل المسببة للعنف وسبل منعها في أقسام الطوارئ"

حيث ستقوم الطالبة بجمع معلومات من خلال تعبئة استبانة من قبل الكادر التمريضي في اقسام الطوارئ (بعد اخذ موافقتهم)، مع العلم أن مشرفة الدراسة: د. اسمى الامام.

وذلك في: - مستشفى بيت جالا - والمجمع الطبي

على ان يتم الالتزام بأخلاقيات البحث العلمي والمحافظة على سرية المعلومات.
على ان يتم الالتزام بجميع تعليمات واجراءات الوقاية والسلامة الصادرة عن وزارة الصحة بخصوص جائحة كورونا، وتحت طائلة المسؤولية.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر.

مع الاحترام،،

د. عبد الله القواسمي
مدير التعليم الصحي والبحث العلمي

نسخة: عميد كلية الدراسات العليا المحترم/ الجامعة العربية الامريكية

P.O .Box: 14
Telfax.:09-2333901

scientificresearch.dep@gmail.com

ص.ب. 14
تلفاكس: 09-2333901

Annex F: Approval letter for Saint Joseph Hospital

Arab American University
Faculty of Graduate Studies

الجامعة العربية الأمريكية
كلية الدراسات العليا

2021-8-12

حضرة السادة إدارة مستشفى الفرنسي سانت جوزيف القدس المحترمين

تسهيل مهمة بحثية

تحية طيبة وبعد،

تهديكم كلية الدراسات العليا في الجامعة العربية الامريكية اطيب التحيات، وبالإشارة الى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالبة **بيان محمد أحمد نجدي** والتي تحمل الرقم الجامعي **201912656** هي طالبة ماجستير في الجامعة العربية الامريكية تخصص تمريض الطوارئ، وتعمل على رسالة بعنوان " **Nurses' Perceptions of the Factors Which Cause Violence and Ways of Preventions in the Emergency department: A Qualitative Study**". تحت اشراف د. اسماء امام. نأمل من حضرتكم الايعاز لمن يلزم لمساعدتها في الحصول على المعلومات اللازمة للدراسة، علما" ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناء" على طلبها.

وتفضلوا بقبول فائق الاحترام

د. شاهيناز نجار

عميد كلية الدراسات العليا

كلية الدراسات العليا
FACULTY OF GRADUATE STUDIES

Jenin Tel: +970-4-2418888 Ext.:1471,1472 Fax: +970-4-2510810 P.O. Box:240
Ramallah Tel: +970-2-2941999 Fax: +970-2-2941979 Abu Qash - Near Alrehan
E-mail: FGS@aaup.edu · PGS@aaup.edu Website: www.aaup.edu

Annex G: Approval letter from Saint Joseph Hospital

From: Bayan Mohammad Ahmad Najdi [mailto:b.najdi@student.aaup.edu]
Sent: Thursday, September 23, 2021 18:51
To: Dima Said <dima@stjoseph.cc>
Subject: Re: Test تسهيل مهمة بحثية

تحية طيبة وبعد
مرفق طلب من الجامعة العربية
الأمريكية بتسهيل مهمة بحثية في
مستشفى الفرنسي سانت جوزيف في
القدس ومرفق نسخة عن المقابلة
الشخصية و نموذج الموافقة الشخصي
للموظف
شاكرين لكم حسن تعاونكم

From: Dima Said [mailto:dima@stjoseph.cc]
Sent: Friday, September 24, 2021 09:20
To: 'Bayan Mohammad Ahmad Najdi' <b.najdi@student.aaup.edu>
Cc: 'emergency@stjoseph.cc' <emergency@stjoseph.cc>
Subject: RE: Test تسهيل مهمة بحثية

تحية طيبة وبعد:
يمكن للطالبة بيان نجدي اجراء مقابلات
مع طاقم تمريض الطواري لدينا بعد
حصولها على موافقة خطية منهم.

بالتوفيق
ديمة سعيد

Annex H: Approval letter from Al-Makassed Islamic Charitable Society Hospital

Arab American University
Faculty of Graduate Studies

الجامعة العربية الأمريكية
كلية الدراسات العليا

2021-8-12

حضرة السادة إدارة مستشفى جمعية المقاصد الخيرية المحترمين

تسهيل مهمة بحثية

تحية طيبة وبعد،

تهديكم كلية الدراسات العليا في الجامعة العربية الامريكية اطيب التحيات، وبالإشارة الى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالبة **بيان محمد أحمد نجدي** والتي تحمل الرقم الجامعي **201912656** هي طالبة ماجستير في الجامعة العربية الامريكية تخصص تمريض الطوارئ، وتعمل على رسالة بعنوان **" Nurses' Perceptions of the Factors Which Cause Violence and Ways of Preventions in the Emergency department: A Qualitative Study"**. تحت اشراف د. اسماء امام. نأمل من حضرتكم الايعاز لمن يلزم لمساعدتها في الحصول على المعلومات اللازمة للدراسة، علما" ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناء" على طلبها.

وتفضلوا بقبول فائق الاحترام

د. شاهيناز نجار

عميد كلية الدراسات العليا

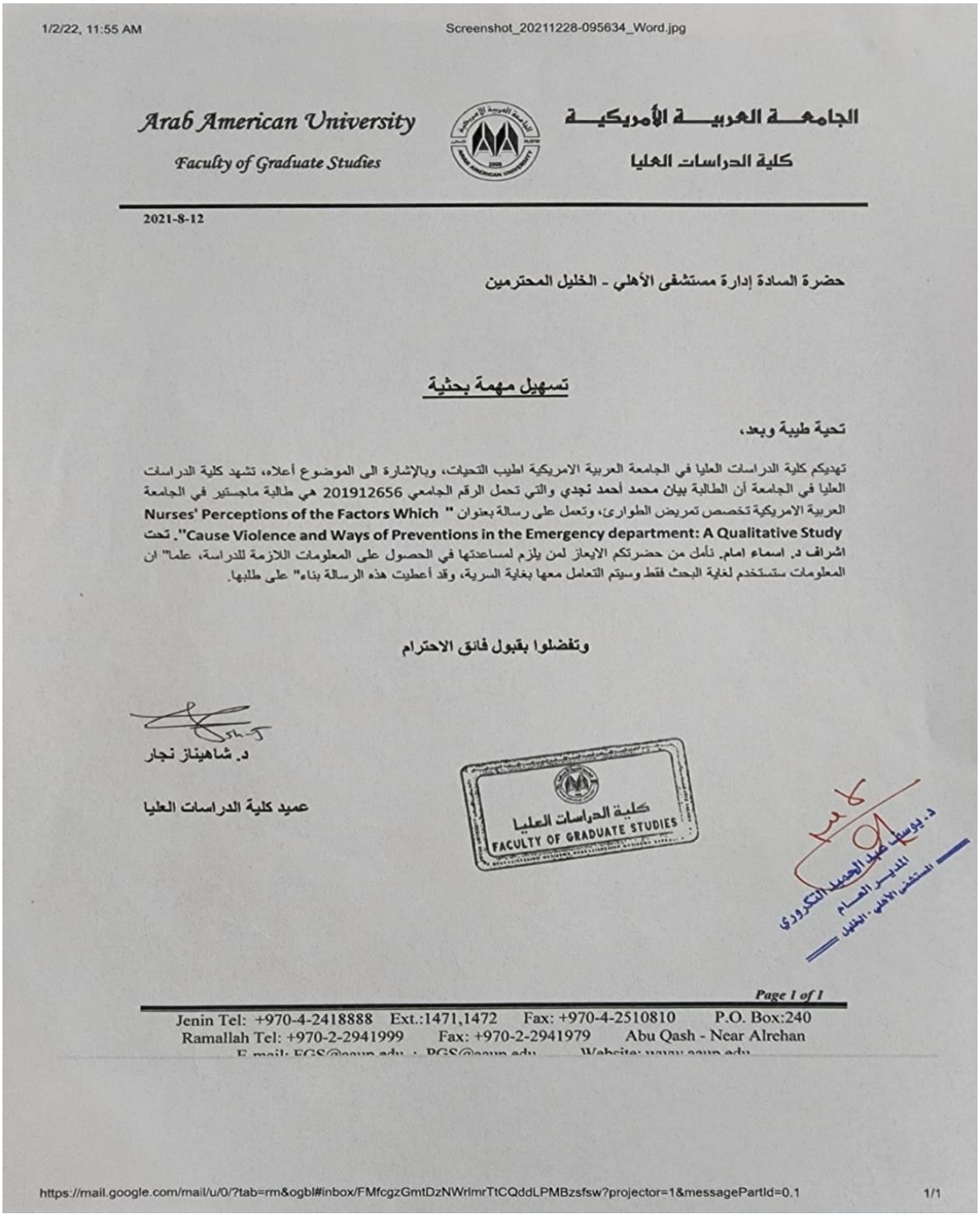
كلية الدراسات العليا
FACULTY OF GRADUATE STUDIES

Makassed Hospital
Jerusalem
Sufian An-Turkman
Nursing Director

314/2022

Jenin Tel: +970-4-2418888 Ext.:1471,1472 Fax: +970-4-2510810 P.O. Box:240
Ramallah Tel: +970-2-2941999 Fax: +970-2-2941979 Abu Qash - Near Alrehan
E-mail: FGS@aaup.edu ; PGS@aaup.edu Website: www.aaup.edu

Annex I: Approval letter from Al-Ahli Private Hospital



1/2/22, 11:55 AM Screenshot_20211228-095634_Word.jpg

Arab American University
Faculty of Graduate Studies

الجامعة العربية الأمريكية
كلية الدراسات العليا

2021-8-12

حضرة السادة إدارة مستشفى الأهلي - الخليل المحترمين

تسهيل مهمة بحثية

تحية طيبة وبعد،

تهديكم كلية الدراسات العليا في الجامعة العربية الامريكية اطيب التحيات، وبالإشارة الى الموضوع أعلاه، تشهد كلية الدراسات العليا في الجامعة أن الطالبة بيان محمد أحمد نجدي والتي تحمل الرقم الجامعي 201912656 هي طالبة ماجستير في الجامعة العربية الامريكية تخصص تمريض الطوارئ، وتعمل على رسالة بعنوان " Nurses' Perceptions of the Factors Which Cause Violence and Ways of Preventions in the Emergency department: A Qualitative Study". تحت اشراف د. اسماء امام. نأمل من حضرتكم الايعاز لمن يلزم لمساعدتها في الحصول على المعلومات اللازمة للدراسة، علما" ان المعلومات ستستخدم لغاية البحث فقط وسيتم التعامل معها بغاية السرية، وقد أعطيت هذه الرسالة بناء" على طلبها.

وتفضلوا بقبول فائق الاحترام

د. شاهيناز نجار

عميد كلية الدراسات العليا

كلية الدراسات العليا
FACULTY OF GRADUATE STUDIES

د. يوسف عبد الحميد التكروري
المدير العام
المستشفى الاهلي - الخليل

Page 1 of 1

Jenin Tel: +970-4-2418888 Ext.:1471,1472 Fax: +970-4-2510810 P.O. Box:240
Ramallah Tel: +970-2-2941999 Fax: +970-2-2941979 Abu Qash - Near Alrehan
E-mail: FGS@aaup.edu ; PGS@aaup.edu Website: www.aaup.edu

https://mail.google.com/mail/u/0/?tab=rm&ogbl#inbox/FMfcgzGmtDzNWrlmrTtCQddLPMBzsfsw?projector=1&messagePartId=0.1 1/1

Thematic analysis table of the in-depth interviews Categories

Content analysis

1. Types of violence

Categories	Cods	(Quotations) meaning units	Original Arabic statement
Physical violence	Beating	SH3P1 mentioned: “The medical team was assaulted; the beatings continued”.	• **تم الاعتداء على الطاقم ... واستمرّ الضرب... ومدّ الايدين SH3P1** • التمريض مرات بينهم و بين بعض ممكن يتمشكلو... في منهم بياخدو إنذارات خصوصي اذا غلطو على بعض... و صار فيها مد ايدين HK1P2 •
	Pushing	HR3P4 mentioned: “The army threatened the security staff and the nurses with weapons, they pushed them to the door, knocked them down and locked the door of the room on them”.	• صار يتهجّم و قام دفعني ومسكني من بلوزتيSA1P1 • المرافق دفشني ودفش الطبيب MM1P1 • **الجيش ... هددو الامن بالسلاح.. هددو التمريض بالسلاح... دفعوهم**

			على الباب.. و خبطوهم و سكرو الباب عليهم HR3P4 • دفعني المرافق, حاول يتهجم علي, في كان جنبي دكتور و مرافقين, تدخلو بالموضوع, مسكوه ومنعوه يوصلني JA1P1 •
	Kicking	RF1P1said: “The patient's escort came and he followed me, then hit me from behind “.	• **اجا مرافق المريض.. لحقني و ضربني من وراي RF1P1** •
	Vandalizing	HF2P4 stated: “When we came out to announce a death, they destroy the emergency department; they broke the door, the windows and the cars parked outside”.	• بصيحو و بكسرو, كسرو ميزان, مرّة شاشة كمبيوترSA1P1 • وكسّرو بعض الطاقم و المرافقين RF1P8 • **لما نطلع نعلن عن حالة وفاة... بكسرو الطوارئ.. بكسرو الباب... كسروا قزاز المستشفى.. كسروا السيارات برا.. HF2P4**

			• ثار غضب الاهل.. هجمو علينا.. كان في قزاز عالكاونتر كسرو القزاز.. HR3P1 •
	Arresting	RF1P7said: “At the time of the invasions, the army used to enter and take the medical staff for investigation and detain the patients “.	• **وقت الاجتياحات كان يفوت الجيش, ياخد الطواقم الطبيّة للتحقيق و ياخذو المرضى للإعتقال RF1P7** •
	Punching	SA1P3 said: “A colleague of mine for example, was hit in the emergency department, and they opened his head, punched him, and broke his eye glasses	• رفع ايده علينا, وضرب بوكس بالوجه, ووقعت النظّارة حتى يومها قد ما البوكس حامي RM3P1 • **فُلان مثلا إنضرب في الطوارئ, و فتحو راسه, ضربوه بوكس, كسرو نظّارته SA1P3** •
	Use of weapons	MO2P1 stated: “Sound and gas bombs were fired on the hospital grounds and emergency department. “	• **كان اطلاق قنابل صوت و غاز بساحة المستشفى و الطوارئ MO2P1**

			• سكين.. طعن.. مسدسات.. واحنا كنا موجودين كان كتير خطر علينا... MS3P1 • رفعو سكاكين و التمريض موجود HK1P1 •
	Pulling hair	RM2P5 stated: “They grabbed the nurse’s hair and pulled it, and the female companions started hitting her”.	• **مسكو الممرضه من شعرها وشدّوه, و بلّشو فيها ضرب المرافقات RM2P5** •
	Hitting with an object	MO2P1 said: “The emergency medical staff have been attacked by undercover Israeli settlers. They were being beaten with batons and pistols; the bases of the pistols were used on the head, back and shoulders”.	• سحب شفره على الممرض SH2P5 • **تم الاعتداء على الطواقم الطبيّة في الطوارئ من قبل المستعربين... الضرب بالهراوات والمسدسات, القاعدة تاعة المسدس, عالراس و الظهر والاكتاف MO2P1** • مرة كسرو بعض المرضى, وضرب الثاني مفكّ براسه جوا الطوارئ MO2P2

• وواحد من التمريض بالغلط ضربوه بالهراوة على راسه.. فقد الوعيMS3P1 • لما نطلع نعلن عن حالة وفاة... برمو كرسي على الطاقم الطبي.. بهجمو علينا HF2P2 • كان في قزاز عالكاونتر كسرو القزاز.. ومسكو القزاز المكسور و العصي.. و ضربونا على روسنا HR3P1			

Themes	Sub-themes	Quotations	Original Arabic statement
Verbal violence	Cursing and Inappropriate bad or rude words	MS3P2 said: “The escort cursed at the nurse some very bad words; from below the belt, you don’t understand, you are jack-asses. “	• واستمرّ الضرب و الألفاظ البذيئة SH3P1 • بلشو يصرخو و يتلفّظوا بألفاظ نابية SN2P1 • غلط عالتمريض و الاطبّاء RM3P1 • رجع الي ضرب صار يحكي.. انتو هان ما بتفهمو هان مسلخ, بتعرفوش القانون و بتعرفوش النظام MM1P1 • **المرافق غلط على الممرضه كلام بذيئ جدا.. من السيل و تحت.. انتو بتفهموش.. انتو حمير MS3P2**

			• بلش المرافق يغلط على الممرضه... انتي وقحة مش محترمة HF2P1 • حكالي المرافق.. غصبن عنك تعال شيل الابره, انت واحد مش محترم, ما عندك انسانية JA1P1 • قال المرافق.. انتو ناس بتستحوش, دايما المستشفيات هيك مقصرين, الواحد يروح عالخاصّ احسن JM2P1 • المدير قال التمريض مثل الارانب, خليهم يتشغلو... بس كان اضراب! JS3P1 •
	Yelling or shouting at	JS3P1 said “The director of the hospital came with the escort, and screamed out “Who told you to come to me?” He entered the doctor’s room with the escort, and	• صار يصيح و يغلطSA1P1 • صارو يصرخو عالشباب RM2P1

		they began arguing and screaming. “	• أحيانا بصير عنف لفظي و صراخ بين الطوارئ و الأقسام الثانية RM3P4 • صار يصرخ وعلا صوته MM1P1 • فتح الستارة بلش يصرخ.. اسمع.. انا الي ساعتين بالطوارئ.. المفروض اول ما اجي على السريع تيجي تشوفوني HF2P3 • كان الجيش مرات يدخل على الطوارئ بده يعتقل حدا من المرضى... يبلشو يصرخو فينا.. يهوبو علينا بالسلاح.. و يخوفو فينا HR3P4 • صار الاب يصرّخ و بصوت عالي يغلط, الله لا يسامحكم و انشالله بصير هيك بولادكم JM2P1 • **اجا مدير المستشفى مع المرافق, و صرّخ.. وين الي**

			• **حكالك تيجيني, دخل على غرفة الطبيب و دخل المرافق معه, و صار نقاش و صراخ JS3P1**
	Verbal threat	RM3P3 mentioned “She started threatening, saying, "I am so-and-so, my husband is so-and-so, the minister “	• **بلّشت تهدّد, وتقول انا فلانة, زوجي فلان, وزير ... RM3P3**
	Insulting the divine	HF2P4 said “They cursed the Divine Being, with all the police officers present, that is what happened “	• صرّخ و سبّ الذات الالهيّة RM3P1 • تعرّضت لعنف لفظي و سبّ الدين SN2P1 • **شتمو الذات الإلهية.. مع كل الشرطة الموجودة.. صار هيك HF2P4**

Sexual harassment	harassment by touch	MO2P1 said “Once, a colleague of mine was standing and providing care to a boy, and his mother was next to him. He kindly told the mother to take the scissors out of his pocket. She put her hand in to the bottom of the trouser pocket, moved her hand around and grabbed a sensitive organ. He told her that’s enough I don’t need any help. He left the boy and came to me, and asked me to care for the boy “	• **مره زميل النا كان واقف بشتغل مع ولد, وامه جنبه, بحكي لامه طوليلي المقص اغلبك من الجيبة, راحت مدت ايدها على جيبة البنطلون تحت بلشت تحرك في ايدها ومسكت عضو حساس, حكالها خلص خلص بديش مساعدة, و ترك الولد واجاني وانا رحت كملت معه**MO2P1
	Verbal harassment	HK1P2 said “Sometimes verbal harassment occurs from patients and escorts. This nurse is sweety, they	• **مرات بتصير تحرشات لفظية من المرضى والمرافقين.. هذه الممرضه زاكية.. برمولها حكي.. شو هالطول.. شو**

		start cat-calling on her: What is this length? What is this body? What are these eyes? Many girls get uncomfortable and switch the patient with another nurse “	**هالكسم.. شو هالعيون.. بيتدايقو كثير البنات و بسلمو المريض لحدا ثاني HK1P2** • مره صار تحرش لفظي بممرضة.. المرافقين صارو يرمو عليها حكي بنقالش HR3P3 •

Thematic analysis table of the in-depth interviews Categories

2. Factors and causes

Themes	Sub-themes	Quotations	Original Arabic statement
External-related factors	1. Types of cases	**SH3P4 noted**: "During street problems, it is well known that only thugs come. Sometimes they yell at you "Come on move yourself, faster than this. " **MO2P2 said**: "It seems as he was under the influence of alcohol or drugs and was not sober. He started grabbing things and breaking them "	• **مشاكل الشوارع.. معروف ما بيجي عليها الا الزعران ... مرات بصرخو فيك: يلا حرّك حالك, أسرع من هيك SH3P4** • مرّات بالطوش, بدخل واحد مفتوح راسه بدخلو معه عشر مرافقين, بحكو بالكلام الوسخ, بعجبو, بكسرو SA1P4 • مثلا بجيك مريض neurosis ... اغلب المرضى بكونو unconscious الاهل صعب يقتنعو انه الي هو فيه,

		HF2P4 said: "We received a patient who was hit by a bullet from the occupational forces. When his family came, they started banging on the doors of the CPR room yelling "Hurry up and bring him back to life, we don't want him to die!" In the end, the patient was martyred. The situation outside was very bad. We expected anyone who goes outside will get beat up."	حالة نفسيه, انهيار عصبي RF1P2 • إصابات الجيش RF1P7 • المشاكل لانهم معصبين وهمه جايين, من المشكلة الي صارت معهم, حادث سير معصّب علي ضربله السياره , طوشه.. معصب من الي ضربه MM1P1 • بوصلنا حالة مش طارئة.. بدك تستقبلني.. معي تحويلة ومعي الزام مالي.. وبدق فينا! MM1P5 • مرات بفكرو انه في أخطاء طبية, لما بيجو المره الجاي بكونو محتدين كتير MM1P6 • **شكلة كان تحت تاثير الكحول او المخدرات ومش صاحي,**

بلش يمسك الأشياء و يكسرها MO2P2 • العنف في قسم الطوارئ اكثر من أي قسم ثاني, المريض بكون مضغوط جسديا, نفسيا, بيجي يصرخ ومش متحمّل MO2P5 • مرة صارت طوشة بين عليتين... هجمو على بعض بغرفة ال CPR التقو العيلتين الي متطاوشين مع بعض MS3P1			

• مرات بيجي حدا سكران او محشش عالطوارئ MS3P3 • طلع الطرف الثاني من الطوشة... شافو بعض المريضين.. هجمو على بعض.. HK1P1 • طبيعة الحالات الي بتيجي على الطوارئ.. بتوتر المرافقين كثير بتعاملوش صح مع الطاقم الطبي.. المرضى الي بيجونا CPR بالذات الصغار بالعمر..			

بتوترو كثير الاهل لما نشتغل انعاش HF2P2 • **اجانا مريض ماكل رصاصة من قوات الاحتلال.. كان في شهيد بدفنو فيه.. و صارت مواجهات طخو على كمان واحد في الجنازة... الي بيجي برا من اهله بخبطو على أبواب ال CPR.. بسرعه احيولنا ياه.. بدناش ياه يموت... بالنهاية المريض استشهد.. الوضع برا كان سيئ جدا.. الاهل مستشرين كثير.. توقعنا أي حدا يطلع برا راح ياكل قتله.. مبارح كان مستشهد حدا .. واليوم استشهد كمان واحد HF2P4** • مرات المريض بيجي على الطوارئ هدفة انه بس ياخد نوع مخدّرات معيّنه JS3P4			

	2. Lack of pre-hospital care qualifications	**MM1P3** said: "Some EMS providers are ignorant or apathetic. I asked him how the strike happened, and he says "I	• **جهل في الإسعاف... سالته كيف صارت الضربة, قلي بعرفش! MM1P2** • **الإسعاف... ما عندهم قدرات على التقييم, قدرات على التسليم MM1P3**

		don't know"! They do not have the capabilities to assess or act." **MM1P5** stated: "Whatever the patient wants from the family doctor, he will offer without discussing the other point. For example, if the patient has stomachache for a month and asks for an emergency referral, the physician refers him to ED! " **RF1P4** mentioned: "Sometimes the ambulance brings cases in need for emergency services, and sometimes cases are not urgent. The ambulance staff	• **المريض ايش بده من دكتور العيله بيعطيه.. مثلا بطنه بوجعه من شهر, بدي تحويلة للطوارئ.. خذ و اطلع! MM1P5** • • مرات الإسعاف بيجونا بدهم ارشاد, عشان يعملو تقييم للحالات بشكل افضل, ليش يجيبو حالات غير طارئة على الطوارئ, كان ممكن يحولها للعياده, المفروض يعرف وين يوديها JA1P3 • جهل في الإسعاف, كان المفروض يتواصل معهم يهديهم وهمه في الطريق قبل ما يوصلوني MM1P2 • الإسعاف مرات بجيب حالات طارئة ومرات ما بدها طوارئ.. ما بنسق معي الإسعاف لما يجيب مرضى..

		does not coordinate with us when they respond to the patients. If they inform us about the traffic accident with four severely injured patients, we would you told them that we have no vacancy; no CT scan; no thoracic surgeon on call... “	• لو كنت محكي معي قبل ما تجيب حادث السير الي في 4 اشخاص مخطرين.. كنت بلغتك ما عندي أماكن.. ما عندي تصوير طبقي.. ما عندي مناوب جراحة صدرية.. RF1P4
	3. Political situation	**RF1P7** stated: “Someone nearby asks, for example, “what is the name of this patient who came with a gunshot wound?” If we did not respond to him in order to ensure the privacy of the patient, he starts screaming	• **في واحد بكون موجود بسال مثلا شو اسم المريض الفلاني الي دخل متصاوب, اذا ما ردينا عليه حرصا على الخصوصية تاعة المريض, ببلش يصرخ و يغلط علينا ... بكون مستعرب او عميل RF1P7**

		and cursing at us. Usually, he would be an undercover Israeli settler or a spy… At the time of the invasions, the army used to enter and take the medical staff for investigation and detain the patients. “ **MO2P1** said: “The emergency medical staff have been attacked by undercover Israeli settlers. They were being beaten with batons and pistols; the base of the pistols was used on the head, back and shoulders. “	• **وقت الاجتياحات كان يفوت الجيش ياخد الطواقم الطبية للتحقيق وياخدو المرضى للاعتقال RF1P7** • مره المستعربين دخلو متخفيين.. مخبيين سلاحهم.. فش بوابة رئيسية او امن على المدخل الرئيسي يفتش الناس.. فش رقابة على السلاح... بهيك حالات بخبرو الشرطة و الامن عنا انه المنطقة صفر صفر .. ممنوع تستعمل سلاحك.. او تطلع من غرفتك بهيك حالات .. فش حدا يحمينا.. بس رب العالمين HR3P4-5 • **تم الاعتداء على الطواقم الطبيّة في الطوارئ من قبل المستعربين... الضرب بالهراوات والمسدسات, القاعدة تاعة المسدس,**

			عالراس و الظهر والاكتاف **MO2P1** •
	4. Financial problems	SN2P4 mentioned: “He doesn't have insurance, and when they ask for registration fees and require him to pay money, he has to pay to the office to open a file. Then he enters the department and vents his anger out at the team, when discussing with the nurse why he has to pay.”	• **ما معه تأمين, لما يطلبو منهم رسوم تسجيل و يدفعو مصاري... بضطرّ يدفع عالمكتب عشان يفتح ملف, وبدخل بفرّغ غضبه على الطاقم الموجود جوّا, بناقش بالممرض.. ليش انا دفعت؟** **SN2P4** • مرات بصير مشاكل عالدفع برا, بدخل عنا معصب RM2P2 • بحكيلك انا معي تأمين بفتح ملف ب 10 شيكل و بتعالج, ليش اروح على العيادة ادفع 60-70 كشفيّة, الوضع المادّي بيلعب دور RM2P2 • اذا بنطلب من حدا يدفع مصاري بصير يصرخ, انه

عالحساب هذا مستشفى خيري, وجمعية خيرية MM1P2 • المرضى الي ما معهم تامين, كل شوي بدهم يدفعو للفحص, انا مش قاعد على بنك... انا معيش مصاري MO2P1 • اخد العوامل الأمور المالية.. بدفع.. بعصب.. بده النتائج تكون سريعة... عشانه دافع... بده يتلقى خدمات عالية HF2P2 • اودي المريض كل شوي يروح يحاسب.. يروح يدفع.. الناس بتكون بتفاصل.. بدهاش تعمل كل الفحوصات... بتطلع على الموضوع من ناحية مادية HR3P2			

• الناس بتكون مستعجله, بدها تروح, بدها تلحق المواصلات معهمش يدفعو سياره طلب JM2P1 • حكت الدكتوره للمرافق, روح على العيادات انا هون طوارئ وحالة ابنك مش طارئة, حكالها انا معي تأمين ليش اروح على الخاص و ادفع JM2P1 • كانت الساعه 10 بالليل بدّه المريض يروّح على منطقة بعيده, بدوش ياخد تكسي طلب JA1P2 •			

Themes	Sub-themes	Quotations	Original Arabic statement
System related issues	Absence of strict legal policies to deal with violence	**SH3P2** mentioned: "For those who know no punishment, will misbehave " **JS3P4** said: "Once, we filed a complaint against a security personnel, and he was arrested, His team communicated with our administration so that I could drop the charges. The administration makes employees feel unsafe, telling us to watch our backs because the Intelligence Agency will give us problems with any future legalities. It's a form of threat!"	• **من أمن العقاب, أساء الأدب SH3P2** • هون سايبة! بيجو بتفششو بكسرو ولا حد بحكي معهم اشي SA1P4 • بينما لو راحو يتعالجو جوا (عند اليهود) .. ما راح يعملو مشكلة, او يحكو أي كلمة, مزبوط هون في شرطة وهناك كمان في شرطة, بس في فرق, هون بكون مركن عالواسطة, كبيرها بتنحل بفنجان قهوة RM2P4 • طول ما بكونو مركنين انه المشكلة بتنحل بآسف.. ما راح يكون في حل MS3P2 • يعني اغلب الناس بحكو.. (هاد ابن الضفه.. شو بده يعمللي.. من وين بده يجيبلي اهله) MS3P4 • المدير طلب منهم عطوه.. يروحو على بيت كل حدا من الطاقم و

يعتذرولهم.. ما كان اجراء قوي.. فنجان قهوه صغير حل كل الموضوع.. ما دفعو غرامة.. ما طالبوهم بتعويض HR3P1 • لا يوجد سرية في البلاغات عن العنف, المفروض بس مسؤول النقابة و الميترون ولكن للأسف بصير تشهير بالاخر, ما باخد حقي من المستشفى, باخده من الشرطة, وهمه الهم كتاب تبليغ تاني, بنمشي فيه, بس مرات بينضغط على الشخص, العشائر, الاهل, الإدارة, بدنا نحلها.. هادي سمعة المستشفى و سمعة الطاقم الطبي, مرات بكون في مصلحة بين الاداره و الأجهزة الامنيه نفسها, مره حبسنا عسكري, فصار الجهاز تاعه يتواصل مع الإدارة, انه اتنازل بلاش ينحكى انه فلان حبس موظف عسكري, عشان غلط عليه... **مرات الادارة بحسسو الموظف بعدم الأمان, انه دير بالك,**			

			الاجهزه الامنيه هدول حكو معنا, بكرا بصير الفيس بوك تبعك مراقب, بتصير بكرا بدك براءة ذمة, بغلبوك المخابرات, بنكدو عليك بالمعاملات... تخويف JS3P4
	Overcrowded ER	**MS3P1** mentioned: “There is no control for visitors. At that time, there were approximately 20 visitors from each family, other than those present outside. There is no protocol in the hospital that specifies the number of visitors. If the visitors did not enter, the whole problem would not have happened!! “ **SN2P3** said: “It is full of patients. I can't stop my work for a bit, to find	• بكون عدد كبير من المرافقين 10-15 مرافقSH3P6 • بدخلو معه عشر مرافقين SA1P4 • تدفّق المرضى مش سامحلي افكر بموضوع ال admission SN2P3 • مرات من الضغط مش ملحق الدكتور يشوف مرضى او يعمللهم discharge بضل حاجز سرير SN2P7 • كميّة الشغل الي بتيجي على الطوارئ فوق استيعابنا RF1P1 • ما في تحديد لعدد المرافقين RF1P2

		an alternative solution for the patient. Not even two minutes of thinking. “ **RF1P2** mentioned: “Sometimes there are 5-10 patients who are scheduled for admission, but there is no room for them.”	• عدد المرافقين غير محدد RM2P3 • عدد المرافقين... يعني غير عن منصبه, في كمان 2 زلام معه RM3P2 • المرافقين لازم واحد فقط, عنا الباب بضل مفتوح MM1P2 • الأهالي و المرافقين, همه سبب غير مباشر بنجاة مرضاهم... مع الضغط و الحركة والمدافشة, الكانيولات طلعو من ايدين المريض, دخل في shock ما قدرنا نركب IV\IO MM1P3 • اكثر من 30 شخص بغرفة صغيرو بيناتنا.. الدم عبا الدنيا MS3P1 • **ما في ضبط للمرافقين, يومها تقريبا 20 مرافق من كل عيلة, غير عدد الي موجودين برا... ما في بروتوكول في المستشفى يحدد عدد المرافقين... لو ما دخلو المرافقين.. كان كل المشكلة ما صارت! MS3P1**

• كمية الناس الي بتدخل مع مريض الطوارئ بسببلنا ارباك كثير HR3P2 • وانا كنت مضغوط كثير كثير من شغل الطوارئ, طلعت برا... بدي اشم هوى بس... اتنفس شوي! متعب جدا كان هداك اليوم RM3P3 • **مليان مرضى, مش قادر اوقّف شغلي شوي, عشان الاقي حل بديل للمريض, ولا حتى دقيقتين تفكير SN2P3** • صعب انك تمنع العنف بتاتا.. او تشيله من جذوره.. بالذات في اقسام الطوارئ.. البيئة هون متوتره كثير HF2P6 • بده admission لقسم الجراحة ما كان في مكان SN2P1 • نقص الاماكن بالمستشفى SN2P2 • ما كان اله محل نحطّه على سرير RF1P1			

			• **5-10 مرضى الهم دخول بس ما الهم وساع RF1P2** • في مريض اله admission وما في اله مكان بالمستشفى بالاقسام RM2P2 • ما في محل بدنا نحوله على مستشفى ثاني, في ناس برضوش الا (المستشفى) انا بديش اموت الا بهادي المستشفى, بديش اروح عند اليهود... بصير يصرخ و يناقش فينا, بدوش يطلع من المستشفى MO2P5 • لو كان في أسرّة ثانيه اضافيه نسلك عليهم, بياخد المريض الواحد من ربع ساعه لنص ساعه, كان خلينا يستنى على سرير ثاني و سلّكنا الي بعده JM2P2
	Long waiting time	**RM2P1** noted: “The problem is that registration takes half an	• اكثر اساس المشاكل بتكون بمرحلة الادخال SA1P5 • هذا الموضوع باخد وقت عشان يتم SN2P1

• طول زمن الانتظار SN2P2 • ممكن لو كانت الخطّة البديلة اسرع, ما وصلنا لهاي المشكلة SN2P2 • الدكتور اتاخر وما اجا SN2P7 • بجيّة ابنه, كاين في طوشه مع التسجيل RF1P1 • **المشكلة التسجيل بكون نص ساعة, ال triage بياخد وقت, وببلشو يعدّو علينا زمن الانتظارRM2P1** • الاستشارة الطبية, بكون مشغول الدكتور, بضل المريض واقف فوق روسنا, يضغط علينا..وين الدكتور وين الدكتور... احنا صرنا متوترين و بنضغط عالدكتور يجي, طول فترة الانتظار مشكلة.. الناس ما بتتحمل MO2P2 • لما نتأخر في تقديم الخدمة JS3P3	hour, triage takes time, and they start calculating the waiting time”		

	Powerless of security system	**RF1P1** said: “We have security personnel, but they are few and their powers less. They can dismantle a conflict, nothing more “ **MM1P3** mentioned: “The police transferred the patient to a second hospital because the security there is stronger. From a security point of view, they can control the situation “	• في تقصير كثير باستعمال الأمن في الاوقات المناسبة, ووجودهم بهذه المواقفSH3P5 • الأمن هون بيتدخلو لحد معيّن, بصير بالاخر يترجّى في المريض, انه خلص اهدا, مش أمن كما يجب او كمعنى أمن SA1P1 • لما ارنّ على واحد من الأمن بصير يترجّى في المريض ومشان الله امسحها بلحيتي SA1P2 • كثير اخذ وقت لما اتصلت عليه و اجاني SA1P3 • كأمن معك صلاحيات المفروض اكثر من هيك, مش زيّك زيّ المرافق الثاني الي قام يفزّع , ويهدّي الموقف SN2P7

• **عنا امن لكن عددهم قليل وصلاحياتهم اقل, عليه يفكك نزاع اكثر من هيك بقدرش RF1P1** • في تقصير من الامن, اي حدا داخل على الطوارئ ما حدا بساله وين رايح... مش مهتمين كثير و مش دايما اصلا بكونو موجودين بالطوارئ RM2P3 • الامن بتحسهم مزهريات ما الهم دخل, بس دخّل مرضى ومرافقين, وطلّع مرضى ومرافقين RM3P5 • الامن مش متوافر في الطوارئ 24 ساعه MM1P2			

• **الشرطه نقلو المريض على مستشفى ثاني لانه الامن هناك اقوى, ويقدرو من ناحية امنية يضبطو الوضع MM1P3** • ما حدا المشكلة بفتش على باب المستشفى, كل واحد بفوت في سلاح.. سكين.. ما حدا بسال MS3P1 • ما في امن زي باقي المستشفيات.. ما عندهم أدوات حماية.. ما معهم سلاح MS3P1 • لو كان الامن عنده كفاءه.. كان ما استرجو, يعني بمجرد ما اجت			

الشرطة.. بالقوة.. اقل من دقيقتين.. كانت ماخديتهم كلهم.. فضي كل الطوارئ.. حتى المصابين اخدوهم في اسعاف على مستشفى إسرائيلي.. حكولنا ما بنقدر نسيطر على الامن هون MS3P2 • حتى لما الامن يجي يهدي فيهم.. (طولو بالكم.. هدّو حالكم.. مش مستاهله القصه).. حتى ما خلوه يعتذر! MS3P2 • ما بكون في الا تنين أمن, والمأساة اذا صارت المشكلة على النايت,			

بكون بس واحد, وهوه نفسه بكون يغطّي ال operator SH3P6 • الامن... مرات بكونو من نفس المنطقة نفس منطقة اهل المريض, فبيتجنب النقاش مع المرافقين عشان ما تقلب شخصية معهم MM1P7 • الامن ما بقدر يتصرّف لانه ما في معه أدوات يدافع فيها عن حاله, هو شخص أعزل بالنهاية هذا الاشي ما رح يحميه... الشرطة مرات ما بيجو على الوقت, ومرات بوصلو متاخرين, مره اجو بعد ساعه كانت			

			القيامه قايمة, قال همه قدّرو انه مش مستعجل MO2P2 • الامن مزبوط انه اله مكتب.. بس يومها ما كان موجود بالمكتب.. و اتاخر لاجا.. اكثر من مره رنينا عليه.. وهو يقول هيني جاي.. فش تفتيش على باب المستشفى.. بسهوله بدخلو بالسكين و السلاح HK1P1
	Poor management practice	**SN2P3** said:" when you know that you have no place for admissions, why not transfer the patient to another hospital. Why should they	• **سياسة المستشفى, لما انت عارف فش عندك مكان لدخولات في المستشفى, ليش لتعمل admission لاي مريض, ليش ما اعمل تحويل للمريض على مستشفى تاني, ليش يضلو**

بالطوارئ لحد ما يفضى مكان بعد يوم او يومين SN2P3 • مش أعمل admission وادخله ال system والممرض يدبّر حاله SN2P7 • غلط ال simple cases يدخل على الطوارئ RM2P1 • ما حدا عمل orientation عن العنف ... ما عملولنا تدريب انه كيف نتعامل مع العنف RM2P3 • **الطوارئ بالذات ما بنفع تحط فيها من هبّ ودبّ MO2P5** • لم اتلقّى تدريب, لا يوجد Policy , او ممكن في وما عملولنا orientation عليها RM3P5 • لا يوجد تدريب, ولا يوجد بروتوكول او Policy واضح لكيفيّة التصرف بحالات العنف RM2P5 • لا يوجد بروتوكول واضح للتعامل مع العنف RF1P8	stay in the emergency department for a day or two? “ **MO2P5** said: “In the Emergency Department, in particular, you can’t just assign any a nurse there. He\she should be qualified “		

• لا يوجد سياسات واضحة SH3P9 • يعني المدير من الصبح, الناس ضاغطينه, و بيسالو فيه عن الاضراب, اجت الفشّة فينا... كإدارة هذا المكان مناسب اله, ولكن كحلّ مشاكل, بيظلم و ما بقدر يحلّ المشاكل, ما عنده خبره بالتخالط مع الناس والمرضى و الموظفين, و بيشتغل بس بالمكتب JS3P2 • مش المفروض المرافق يطلع للمدير مباشرة, لازم يجي يحكي مع مسؤول الشيفت, الدكتور للأسف اعطى توجيه خطأ للمرافق JS3P2 • فترة اقسام الكورونا, كان في نقص في التمريض, وكان في خربطة كثير بتوزيع التيم SA1P2			

	Staff lack of experience and exposure	**SA1P2** said: “I had someone in the emergency room with me, not from the Emergency team, and I did not know how to act frankly. When I asked for help, he came to look at me from behind the curtains and said “OK, what should I do for you?!! “ **MO2P3** explained “There are some nurses who don’t know how to insert a cannula for a child. Parents come at us hatefully, “We are not experiment fields, do not train on us”	• الطاقم الجديد بعرفش يتصرّف SH3P5 • المشكلة انا كنت جديد الي بس سبع شهور SA1P2 • **انا لما طلبت مساعدة من الشب اجا تطلع عليّ من ورى البرداي حكالي طيب انا شو اسويلك؟! SA1P2** • **كان معي واحد في الطوارئ مش ابن الطوارئ وما عرفتش اتصرّف بصراحة SA1P1** • لما يكون حدا من برّى القسم بعرفوش يتفاهمو مع مرضى الطوارئ SA1P2 • **في تمريض بعرفوش يركبو ابرة للطفل.. بيجو الاهل بيحتدّو.. احنا مش حقل تجارب.. تتدربوش علينا MO2P3** • اخذ المراسل المريضة للتصوير.. و خلاها هناك وراح.. اجا ابن المريضة.. قال يا عمي انتو تركتوها هناك.. هينا جينا لحالنا.. ومش

			صحيح هيك.. لازم يكون حدا معها HF2P6 • في بعض الأطباء بكونش معهم خبرة كثير.. بطلبو فحوصات كثير عشان يوصلو اسهل للتشخيص HR3P2 • موضوع الفحوصات الي كانت تضيع مرات, كانت النتائج تنطبع طباعة و تيجينا على الطوارئ مع المراسل, والمرضى يتفشو فينا MO2P3
	Inappropriate communication and interaction between patients and health team	**RM3P2** said: “Unfortunately, sometimes the medical staff do not have good communication techniques such as: "Wait in line.” “There is a patient in line before you.” “What can I do.” “I don't have	• إحترم حالك, إخجل, كلمة من هون, كلمة من هون, النار بتبلش من شرارة SH3P6 • لما لاقى انه في حدا اجا يحكي معه وبده يرد عليه و يجاوبه, انفعل اكثر و رفع صوته اكثر SN2P2 • يعني محاولتي انّي أردّ عليه, فاقمت المشكلة SN2P2 • مرّات الطاقم بيتعاملو مع الناس بلا مبالاة... مرات اسلوب التواصل مع

الناس بكون سبب ما بحكي معهم بطريقة صح RF1P2 • كمان لانّي قابلت العنف بالعنف RF1P2 • التعريف مهم... اعرّف عن نفسي... للاسف هاي الشغله ما حدا بعملها, وهذه بتقلل من الثقه بينا و بين المريض او المرافق RF1P3 • في ناس ممكن يفهمو, بس ردّة الطاقم الطبي عليه, صعبة وناشفة, مش بطريقة لبقة RM3P1 • **بس مرات للاسف الطاقم الطبي ما بكون عنده اسلوب... "استنى عالدور... في قدامك لسه كمان مريض... ايش اعملك... معنديش وساع... روح اشكي للوزارة" RM3P2** • انا حكيت شكله المريض اموره مش طيبه, اعطيناه العلاج الي بيلزمه وما نجح معه, فخاف المريض, طلع ابنه المرافق, وعمل	space.” “Go complain to the Ministry. “		

مشكلة معي عشان خوّفت ابوه من الوضع RM3P4 • مرات نفس الموقف بصير مع المرضى و التمريض, واحد بتمشكل وواحد لا, بسبب اختلاف أسلوب التواصل MM1P5 • نقعد نترجى في المريض, من شان الله امسحها في هاللحية او سامحنا, يعني نضعف شخصيتنا قدام المريض, الواحد مش المفروض تنقلّ قيمته قدام الناس SA1P6 • قال المرافق انا هذه الممرضة بديش تشتغل مع امي.. بسألة ليش... قال بتتعامل معها بكبرياء.. بتحكي من مناخيرها HF2P1 • اذا المريض اجا بالصوت, الممرض بقابلة بالمثل, ما بيستعمل عقله, او يطنشة JM2P2 •			

	Lack of professional behavior	**SH3P6** said: "Joking too much with patients and companions leads to violent behavior sometimes "	• **المزح الزيادة مع المرضى والمرافقين SH3P6** • الممرض لازم يلبس uniform يكون واضح لبسه... ويعرّف عن حاله يعرفو انه هو طاقم طبي RM3P3 • التمريض ما يتعمّق كثير مع المريض.. يحكي بس في اطار العمل.. ما يتعمق معه اكثر HK1P2 • للأسف حدا من التمريض جكر في الاهل.. بحكي للمراسل.. تردش عليهم.. اقلك.. حتى ما تطلعها على الكرسي.. طلعها مشي للقسم HF2P6 • ما لازم ندخّل حدا من معرفتنا, نحترم موضوع الدور, عشان الناس تشوف انه احنا ملتزمين JM2P2

Themes	Sub-themes	Quotations	Original Arabic statement
Knowledge and attitude issues	Lack of people's knowledge of medical procedures	**MO2P2** stated: "Most people think that when they come to the emergency department this means "I am a high-risk patient, you need to see me now." Or they want to interfere with medical matters in a wrongful way; "I want an antibiotic" even though he doesn't need it. If I refuse to prescribe it, he makes a problem and screams."	• في ناس ما بتفهم شو يعني ترياج SH3P5 • نظام الترياج ما حدا بستوعبه SA1P1 • الوعي والتثقيف, بفكر انه انا لما تاخرت انا قصّرت بشغلي و قصرت بحق المريض SN2P2 • سوء الفهم... هو بفكر انه احنا بدناش نشتغل معها, مع انه احنا عملنا معها اللازم, فحوصات ادوية, اكثر من دواء... هو بده الوجع يروح, كن فيكون, هاد الاشي مش بايدنا, واحنا مش مهملينها ولا مطنشينها زي ما زوجها قال RM3P1 • بدهم دكتور من أولها, وهادي simple case يعني يستطيع الانتظار RM3P3

• الجهل في طريقة العلاج MM1P1 • **اغلب الناس بفكرو حالهم انهم جايين على الطوارئ يعني انا حالة طارئة بدك تشوفني هلا... او بدهم يتدخلو بالامور الطبية بطريقة غلط... بدي مضاد حيوي, هو بكونش بحاجة... اذا رفضت اكتبله بعمل مشكلة وبصرخ MO2P2** • همه انبسطو انه فكروه خطأ طبي, وكبّرو القصة والموضوع وطلبو تعويض ومصاري من المستشفى SH3P4 • الناس ما بتميّز الدكتور عن الممرض, ما في لبس محدّد, بس name tag ومش الكل بيقرأ, اذا اجا حدا مستعجل, falling down بدهم حدا			

			• يعالج بسرعه, بشوفك بالوجه, بفكرك دكتور, ببلشو يستعجلو فيك, و يصرخو ومتوترين JA1P2
	Lack of respect	**RF1P3** said: “The patient told me “Move one of the patients, I want to sit in his place!” **RM3P2** mentioned: “The companion raised his hand and started shouting “I work for the government, and I am so-and-so. (I don’t care about anyone.)”	• انا كمريض او مرافق بدخل على هاي المؤسسة, بعرف اني بدخل عالطاقم بمدّ ايدي عليه, بغلط عليه وما حدا راح يعمل اشي, لا ادارة راح تعمل اشي, ولا حكومة راح تدخّل , وأتخن مشكلة بتصير بالمستشفى, يتم حلها ودّي وانتهى الموضوع بتنحلّ المشكلة بفنجان قهوة... SH3P1 • اذا في حدا بسحب شفرة على الممرض, هاد مش سائل عن حدا.... لا عن حكومة ولا عن غيرها SH3P5

• هون في عيّنات دفشين, يعني صراخ ومشاكل وقلّة صبر SA1P5 • **انه قيم واحد من المرضى انا بدي اقعد مكانه RF1P3** • **المرافق رفع ايده, و بلش يقول انا بالسلطة... وانا فلان... (مش سائل الي ضهر) .. يعني بتوقع لو كان انسان تاني, مش بالمنصب الي هو فيه, كان ما اجا بردّة الفعل الهمجيّة هاي RM3P2** • خذ حقك بايدك, بالصوت العالي بتاخذ الي بدك ياه منهم MM1P2 • الطواقم الي بتشتغل في المستشفى همه عباره عن خدم, لانه معروف عن المستشفى و صار مكشوف للعلن انه بمرق بضائقة مالية MM1P2	**MS3P2** said: "I heard it with my own ears "They don't do what they're told except with a red eye! ""		

• بفكّر انه بهادي الطريقة, بكسّر و بعمل و بعمل, بخوّف فينا و بنستجيب لطلبه اسرع SN2P2 • بيجي بيدّعي انه فاتح ملفه قبل الكل, وانه الكل دخل قبله وفي دوره SA1P4 • لما اجت الشرطة.. طخو على الشرطة وهمه جوا الطوارئ.. بس ما تصاوب حدا MS3P1 • **سمعتها بداني.. هادول بمشوش الا بالعين الحمراء MS3P2** • لو عندهم اخلاق.. ما بعتدو على بعض بمكان عمل قدام التمريض و قدام البنات HK1P1 • بشكل عام.. التمريض فئة اضعف من الأطباء.. احنا بالوجه دايما.. احترام الناس			

			للدكتور غير عن احترامهم للتمريض HK1P3 • قال المرافق.. انا زلمة كبير.. وحتى لو غلطت.. ما ترد علي بالكلام هذا HF2P1 • الناس هون عندهم زعرنه.. بستقوو على الناس الأضعف.. العائلة هدول كثير صعبين..الهم اسباقيات.. وين ما يروحو بعملو مشاكل HR3P1 •
	Misconceptions and socio-cultural beliefs	**MM1P3** stated: "The prevailing culture, is that East Jerusalem provides less care for the patients than the Jews. He told us "It is difficult for me as a	• في ناس كثير بتصدف انهم صدقاً جايين يتسلّو على الطوارئ SA1P1 • عقليّة الشعب وعقليّة الناس الي هون عصبيّة, بدها كلشي بسرعة SA1P3 • الاهل لما بكونو على رأس المريض بحالة emergency بيربكو الطاقم الطبي,

		policeman, to control the situation among the Arabs. It is possible for young people to attack the policemen themselves “ **JA1P2** said: “There was no justification for what he did (shouting and cursing bad and rude words). I suspect that the people have a lack of awareness in the situations they make. We were all surprised at why he did such a thing. “	وبتقبلوش المحاولات, انه ممكن تزبط او لا RF1P2 • الثقافات غير, في مرافقين اذا اجت بنت بحالة طوارئ, وما كان في female على الدوام, واضطر شب يفوت يعمللها تخطيت قلب, ببلشو يصرخو و يغلطو ...المتعلّم غير عن الي مش متعلم RF1P8 • اذا كان مريضهم تعبان, على كل اشي بروحو مستشفى, ولازم هلا هلا تشوف المريض RM2P1 • كان موجوع المريض, تعاطفو معاه RM2P1 • كان في مرافق... جاي مع زوجته, انفعل كثير هوه لما شافها بتتوجع RM3P1 • **الثقافة السائدة, انه القدس الشرقية العناية فيها اقل من عند اليهود MM1P2**

• **حكالنا صعب انا كشرطي اضبط الوضع عند العرب, ممكن الشباب يهاجمو الشرطة نفسهم MM1P3** • الناس بفكرو اذا انا جايب الزام مالي من التامين تاعي انت لازم تعمل كلشي بدي ياه MM1P3 • عدم ثقة الناس في الطبيب المعالج, مرات ما بعجبهم الوضع, بفكرو انه اليهود افضل من عنا MO2P1 • **ما كان في مبرّر للي عمله, بتوقع قلّة وعي من الناس للمواقف الي بتعملها, احنا استغربنا اصلا ليش عمل هيك JA1P2** • الناس بتحكي, بتفكر جاي على مستشفى حكومي, راح تموت قبل ما يجي الدكتور JA1P2			

• المرضى ما بحبو كلمة استنى عالدور, ما عندهم صبر JM2P2 • مرات بنشرو على مواقع التواصل الاجتماعي شغلات مش مزبوطة عن المستشفى, اشاعات بتثير الناس علينا, مرة كتبو بوست و سالو الناس.. وين المريضة.. حكولهم هيها بالطوارئ الفلاني... اجونا! MM1P4 • مرات بتصير طوشة كبيرة بين عيلتين كبار بالبلد.. بنتقل الحكي على مواقع التواصل الاجتماعي.. انه هي فلان من العيلة الفلانية متصاوب من الطوشة و هيه بالمستشفى الفلاني.. بجمعو بعض العيلة.. بيجونا على الطوارئ.. بهجمو على المريض المتصاوب.. مره صارت و دخلو على			

المريض و ضربوه سكين.. وهو عنا على تخت الطوارئ HF2P3			

Thematic analysis table of the in-depth interviews Categories

3. Staff feelings

Themes	Sub-themes	Quotations	Original Arabic statement
1. Feeling helpless and fearful	Fear of personal targeting	**SH3P3** mentioned: "Fear is the master of situations. It reaches a point where the young nurses become afraid because their families are not around them (they are living in a dormitory), they think about who is going to stand with them or protect their backs. " **MS3P1** said "I was afraid of being injured by mistake, that a bullet would hit me by mistake.	• لو كانت المشكلة مع شخص من الضفة, بده يضطر يتنازل عشان ما يتعرضوله هدول الأشخاص برا المستشفى SN2P6 • **بتوصل لمرحلة انه الشباب بخافو, اهلهم مش هون, مين بده يوقف معهم او يحمي ضهرهم SH3P3** • **الخوف هو سيّد المواقف SH3P3** • **خفت انصاب بالغلط.. تيجي فيي رصاصة بالغلط.. ما حدا بقدر يرجعلي اشي لو راح مني.. ما حدا بقدر يعوضني.. خفت كثير اموت على شان هذا الاشي الي مش مستاهل MS3P1** • حسيت للحظه انه ممكن انصاب.. خفت كثير.. مره لانهم طخو على بعض.. ومات واحد عنا بالطوارئ من المرافقين HK1P1 • كثير خوف.. كان القزاز راح يجي في وجهي.. فكرت بالموت... وجهي صار اصفر.. تعبت! HR3P1 • شعرت بالتهديد JA1P1

		No one would be able to return to me anything I may lose, no one could compensate me. I was very afraid that I would die for something that doesn't matter. "	
	Fear of bearing the consequences	**SA1P1** stated: "I am always afraid to do something wrong and cause a problem. This is because I hear from the staff here, that whoever causes a problem, in the end, that person will bear all the consequences. No one will help with the blame "	• **انا عطول خفت اتصرف اشي غلط اسبب مشكلة, لاني بسمع من الطواقم الي هون الي بسبب مشكلة, هو بالنهاية بيتحمل كل العواقب, ما حدا بحمل عنه اشي SA1P1** •

	Fear of losing a job and livelihood	**SA1P8** noted: “I was new, and afraid of losing the contract since we’re still in the training period. I felt that I didn't have to tell the senior staff so it wouldn’t count as a point against me. “	• انا جاي لرزقي SH3P3 • **كنت جديد, الواحد خايف على التثبيت, هيك حسيت انه مش لازم اخبرهم بلاش تنحسب نقطة علي SA1P8** •
2. feeling overwhelmed	discontent	**JM2P1** said: “You think to yourself, what forces me to endure such situations; why is there no one to protect me; why do people think that I get my salary just because they have health insurance (as if they are	• كان سيّئ شعوري, حيران SA1P2 • بس انا لحد الان زعلان من الموضوع, لانه ما حدا اتخذ الاجراء اللازم لهذا المريض SA1P3 • شعور مش مريح, انا نهائيا بحبش العنف وبحاول ابعد عنه RM3P1 • شعور مش بسيط.. بعزّ عليك كزميلة عندك.. و بالذات انها بنت.. مش منطق تتبهدل وانت واقف.. عصبت و حكيت للمرافق.. اهدى.. ومش منطق... بعدته عن الكاونتر و حكيت

		paying my salary). Every time it's the same situation. I get very upset. Why should I stay in the Emergency Department? Look at the other units, they are exposed to violence much less than in the Emergency Department "	لاولاده.. خذو زلمتكم من هون بالنهاية هذه بنت.. مش صح يضل يرميلها في حكي HF2P2 • **بتحس حالك شو الي جابرني اتحمل هيك مواقف, ليش فش حدا يحميني, ليش الناس بتفكر اذا انا معي تامين, انا بسببي انت بتقبض, كل مره نفس الموقف, بستاء كثير, ليش اضل بالطوارئ, اطلع على الأقسام , بيتعرضو للعنف كثير اقل من الطوارئ JM2P1** •
	Underappreciated	**MM1P1** stated: "The incident happened in front of the nursing students, my colleagues and everyone else. You feel your knowledge is worthless, I mean, there is no appreciation. As if they are saying it's none of your	• بتحس حالك بتبذل بمجهود لكن فش استجابة, واقف مكانك, بفكر المرافق انك انت مقصر, ما في تقدير! SN2P1 • صعب علي يجي مرافق يقلي انت مقصر او مطنش, و دائما اكثر تواصل بكون بين المريض او المرافق مع التمريض RM3P1 • **كان الاشي قدام طلاب التمريض وزملائي والكل, بتحس علمك بلا قيمة, يعني فش تقدير, يعني انت ما الك ليش بتسأل؟ عالج وخلصنا ما تعمل تحقيق! MM1P1** •

		business, why are you asking about this issue? Just treat the patient and finish your work, don't open an investigation!! "	
3. Feeling indignity		**MS3P4** said: "The situations that have no solutions have taken a toll on me. I did not come from the streets. I am the daughter of respectable people. Who are they to raise their voices and curse at us? " JS3P1 mentioned: "I felt as if I were a very vile thing, with no	• كان الطوارئ مليان كتير ناس طبعا إهانة كبيرة هاي, صرخ فيي قدام الكل SA1P3 • انا جاي اشتغل بكرامتي, ليش اروّح بلا كرامة؟! SA1P7 • شعور انك مش ماخد احترامك كفاية SN2P1 • بالنهاية انا مش جاي انهان هون RF1P1 • **عزّت بنفسي كتير المواقف الي مالها حل.. انا مش جاي من الشارع.. انا بنت عالم وناس.. مين همه الي يرفعة صوتهم علينا و يغلطو علينا MS3P4** • بس تصل الامور انك تمدّ ايدك عليي او تهين كرامتي, انا مستعدّ اتصرف وامدّ ايدي SH3P1 • حكيتله اسفك مردود عليك, انا مش راح اسامحك سكتلك بس لانك زلمه كبير بالعمر بقدرش امدّ ايدي

		value at all. It was a feeling of injustice “	عليك, ولاني بشتغل بمستشفى محترم SA1P3 • **حسيت حالي اشي دنيئ كثير, فش الي قيمة بالمره, شعور بالظلم JS3P1** • شعور قدام الناس واحد يحكي عليك هيك, احراج, لو ما كان في ناس كان الاشي اخف JA1P1 • بصير مرات احراجات, واحد غلط علي, ليش اكبرها, او اذا ضربني كف, ليش احرج حالي و يعرف الكل اني انضربت, بفضح حالي JS3P3
4. Feeling distressed	insecure	**HR3P4** stated: “It was a sad feeling. I lost hope. The thing we were not expecting, was present, and very close to us. At any moment it can happen to us. “ SN2P8 said: “It is possible for the nurse to hate the department in	• الواحد بطل يأمن يشتغل بظروف زي هيك, فقدت الثقة بالشغل و الامن الوظيفي.. انا رايح اشتغل ولا انضرب MO2P1 • **شعور حزين.. فقدت الامل.. الاشي الي ما كنا نتوقعه طلع موجود.. و قريب جدا منا.. باي لحظه ممكن يصير فينا هيك HR3P4** •

		which he works, and look for an alternative department because he did not feel safe in his department. He reached the stage of burnout."	
	Upset and provoked	**MS3P4** said: "Sometimes, seriously, I go home and cry from the emergency department. Not once or twice, many times! I'm tired. This is not life. All of us are mentally strained. "	• الموضوع ازعجني كثير واستفزني RM2P1 • كنت مُستفَزّ جدا MM1P1 • **انا مرات جد.. بروّح بعيّط من الطوارئ.. مش مرة ومرتين.. مرات كثير!.. خلص تعبت.. هذه مش حياة... تعبت نفسيتنا كلنا MS3P4** • حسيت حالي انضغطت كتير, كان نفسي اخنقه!! يعني بالعافية مسكت حالي SA1P3 •

Thematic analysis table of the in-depth interviews Categories

4. Ways of prevention

Themes	Quotations	Original Arabic statement
1. Enhance the security system	**RF1P6-7** said: “Security system must be private companies not daily paid personnel, because they don't have an affiliation to the institution... If the military officer handles the conflict and even beat the perpetrators, the law would protect them, because they were working on resolving a conflict...When a security company has powers conferred by the police, they can do anything except the shooting."	• لازم يكون امن موجود 24 ساعه بالطوارئ SH3P6 • شركة امن متمكنة خاصّة مرخّصة مدرّبة ولها صلاحيات مطلقة... اوصل لاتفاقيّة مع الحكومة, ادخّلها وياخذ جزاؤه SH3P7 • امن صلاحياته وسيعه... لازم الامن 24 ساعة يكون في الطوارئ... لما بكون الامن موجود عباب الطوارئ ممكن الناس تخاف او تقول بدناش نسوي مشاكل SA1P3,7 • المفروض امن يتواجد بشكل دائم جوا القسم SN2P3

• Supervisor يضل حوالينا, او مكان جلوسه او مكتبه قريب علينا SN2P3 • يجب ابعاد الشخص المعنف عن مكان الحدث SN2P3 • ممكن انه شخص (مريض او مرافق) معيّن ضرب موظف, احط من التسجيل ملاحظة بملفه, لما يجي يسجل المرة الجاي, امنع تسجيله مع المرافق الي عمل المشكلة, ادخل بدون المرافق هاد او جيب مرافق ثاني SN2P6 • Emergency code لازم يكون كبسة زر و سهل الوصول لها SN2P8 • **الأمن شركات خاصّة و معهم كافة الصلاحيات مش نظام Daily paid – ما بكون عندهم انتماء للمؤسسة... العسكري لو تصرّف لتخفيف النزاع و ضرب, قانون**		

العسكر بحميه لانه كان بفكّ نزاع... لما بكون في مؤسسة امنية خاصة مرخّصة من الشرطه, بكون معهم كل الصلاحيات, ما عدا اطلاق النار RF1P6-7 • أيام المواجهات الطوارئ بتكون شوربه, موظف واحد غير كافي للامن, في وحدة الأمن الوطني بكونو بعاد, ما بقدر استدعيهم بشكل شخصي... يعني المفروض الجمعة او المواجهات يكونو اقرب و متاهيين RM2P3 • زيادة عناصر الامن, وتخصيص واحد للطوارئ و يحافظ على النظام RM2P4 • إعطاء صلاحيات اكثر للامن... يجب معاقبة الشخص المعنِّف... اتباع نظام العقوبات RM3P5		

• لازم واحد من الامن يكون جوا الطوارئ على طول.. من قبل ما تصير المشكلة.. يتدخل يمنعها MS3P2 • من جديد صار يدخل واحد من الامن على B shift يضل موجود جوا الطوارئ, هو اكثر شفت مضغوط MS3P2 • الامن و الشرطة يكونو دايما متواجدين بمكتبهم.. حتى قبل ما يصير الحدث HK1P2 • ما اردّ الضرب بالضرب.. ما ارد العنف بالعنف.. أسمّع الناس اني بدي اطلب الشرطة.. خليهم يخافو.. الامن يكون معهم غاز.. معهم عصي.. الشرطة مسلحين HR3P3 • المفروض من لما الامن يشوف الجيش برا.. يتصل فينا يخبرنا انه ندير بالنا.. ما نخاف.. نروح من المنطقة HR3P4		

		• 70%-80%سيطرنا على المشكلة.. ما حدا تصاوب من الطاقم الطبي.. لازم الامن يكون موجود لما بدنا نعلن عن حالة وفاة.. خصوصي الشباب الصغار بالعمر.. حوادث السير.. الشهداء HF2P4 • لازم ما يتم تصريح اسم الطبيب او مكان سكنه للمرضى و المرافقين اذا صارت مشكله JM2P3 • أحيانا بتصير مشكله بالطوارئ و قسم ثاني بنفس الوقت, صعب الشرطي او الامن يترك و يروح, الأفضل يكون في كمان حدا معه JS3P2
2. Regulate the entrance of companion to ER	**SN2P3** stated: "we have to specify the number of companions with each patient (only one companion)".	• تحديد عدد المرافقين SH3P6 • **تحديد عدد المرافقين مع المرضى (مرافق واحد فقط),** مرات المرافقين بيجو 5-6 كل شوي واحد بده يستفسر شو صار مع مريضي, فحصه.. نتيجته.. مهو هاد الاشي

		كمان بياخد وقت و بيرهق الطاقم SN2P3 • تحديد عدد المرافقين RM2P4 • مثلا اجا حادث سير.. 10 مرافقين بكونو مع المريض.. احكي معهم كلمتين مناح.. خفف توترهم.. استعمل أسلوب تواصل منيح و طلعهم برا الطوارئ HF2P6 • تسجيل خاص على باب الطوارئ.. عن طريق الامن.. كم واحد دخل.. مريض.. و المرافق الي معه مين.. و ممنوع محسوبيات و واسطات HR3P2
3. Clients' education and effective use of media	**MM1P3** said: "Placing an announcement on the news official websites regarding the actions taken against the aggressor such as the policeman who assaulted the nurse was punished... If such this event	• شاشة بغرفة الانتظار, يكون فيها تعليمات صوتيّة, انه مثلا في الطوارئ فترة الانتظار كذا وكذا, في بعض الاحيان يتم ادخال مريض بسبب ... شرح الفرز SH3P8 • يكون موجود بوستر في ساحة الانتظار للتوعية, شاشة تلفزيون..

	happened here in our country, it will be a great deterrent for people”	فيديو.. اشرحلهم عن الفرز, مع ذكر أمثال سهله للاستيعاب... يكون نشرات صغيرة للتوعية, يفهم المريض او المرافق ليش انا بستنى, ليش فلان دخل بعدي و اخذوه اسرع مني SN2P4 • ثقافة الناس, وعي الناس, بيلعب دور RM2P4 • يعلنو على النت مثلا القوانين الي بتنسنّ لعقوبة المتعدّي على الطاقم الطبي, اعلان عالتلفزيون.. عالراديو RM3P5 • اذا حدا عنده مشكله, لازم نعرف لوين نوجه الناس, يكون اله عنوان للشكوى, يعرف لمين يتوجه, ما ينقل المشكله عندي للطوارئ JS3P3 • **المواقع الرسمية نشرت الخبر, انه الشرطي نال عقابه... لو يصير عنا زيهم.. ويتعمم وحده من هادول القصص على وسائل التواصل**

		الاجتماعي, راح تعمل ردع كتير كبير للناس MM1P3 • المفروض يكون في دور قوي للإعلان.. وسائل التواصل الاجتماعي.. يعلنو فيها.. أهمية احترام الطواقم الطبية HR3P2 • ممكن نعمل للناس توعيه عن طريق ال social media او وسائل الإعلام, نعمل إعلانات توعويه يقيمو حالهم اذا انا حاله طارئة او لا.. يعني مريض 3 أيام وجع ظهر مش اشي طارئ.. او سنه راسه بيوجعه JA1P3
4. Enhance the quality of care	**MO2P5** said:" The patient should receive high quality services by high qualified nurse, you can't hire a general nurse in the ED in particular"	• ال triage يكون صح الخدمات الطبية تكون صح, عدد الطاقم يكون كافي SH3P8 • اذا شفته طوّل ارجع اعيد تقييم المريض في غرفة الانتظار... احسن ال Triage افرجي المريض انه هي في حدا مهتم فيك SN2P5 • كفاية في عدد الطاقم SN2P7

• اعطي كرت ملون لكل مريض (أحمر او اصفر) و اكبسه مع ورقة الملف الي بتكون معه, وارتب على ال system, قوائم حسب الفرز, ودخولهم على الطوارئ يكون بناءا على ترتيب system مش على الأرقام الي فتح ملف اول.. هو يدخل اول زي البنك SN2P8-9 • زيادة في عدد الطاقم RF1P6 • المحافظة على النظام والسرّيّة في اقسام الطوارئ RF2P7 • الطاقم الطبي كفؤ متعلم متمكن جدا RM2P4 • أعمل follow up وبهمني المريض يتحسّن, مش بس اعمل order وخلص RM3P1 • امنع السبب الي يخليه يعصب, لما يجيني مرافق مع مريضه انهيار عصبي.. اصحيها عشان يتطمن عليها, ما اتركها و اقول خلص مهي انهيار عصبي RM3P2		

• اسرّع تخفيف الوجع RM3P2 • انا اذا شفت طالب مستواه منيح ببعثه يركب كانيولا لحاله بدون ما اركب معه.. اذا كنت قلقان شوي من مستوى الطالب برافقه في الفحص بكون جنبه.. عاساس اتدارك المشكلة MO2P3 • مراقبة تصرفات الموظفين و طريقة تعاملهم مع الناس, لما بشوف انه في موظف تعامل جفص كثير, وصار اكثر من موقف, طبيعته حادّ.. انقله من قسم الطوارئ لقسم مغلق مع مرضى نايمين MO2P5 • **الخدمة الي بدها تتقدم للمريض تكون عالية, ومن ناس عندها خبرة, الطوارئ بالذات ما بنفع تحط فيها من هبّ ودبّ MO2P5** • تفعيل ال triage بشكل جيد.. يعني المريض الي اله أسبوع موجوع, و حالته غير طارئة, يروّح من		

		التريـاج ما يدخل عالطوارئ, يخفف ضغط علينا JA1P2 • مرات الإسعاف بيجونا بدهم ارشاد, عشان يعملو تقييم للحالات بشكل افضل, ليش يجيبو حالات غير طارئة على الطوارئ, كان ممكن يحولها للعياده, المفروض يعرف وين يوديها JA1P3 • زيادة عدد الطاقم الطبي, أطباء و تمريض, زيادة عدد المرضى الي بقدرو يراجعو العيادات, مثلا.. باليوم دكتور القلب بشوف 10 مرضى بعيادته, اذا اجا اكثر, بستقبلوش بالعياده خلص, بنزلوه على الطوارئ, او ممكن بدل ما تفتح عيادة القلب يوم واحد بالاسبوع, يعملو العياده يومين JS3P2
5. Decrease waiting time		• اسرّع موضوع استقبال المريض, او ال admission process SN2P5

		• بدل ما يستنى المريض... ليخلّص ال round ... صرنا نحوّلهم بالتنسيق على عيادة العظام... عشان نقلله فترة الانتظار وما يتفشش فينا MO2P3 • مش ملحق الدكتور يشوف مرضى او يعمللهم discharge بضل حاجز سرير SN2P7 • اذا ما في كفاية اسرّة.. واجاني مريض بحاله بدها ادخال , شو ال process الي امشي فيها SN2P7 • لو تحسّن سرعة استجابة الطبيب JA1P2
6. Enhance communication process includes: Dealing with perpetrators according to the situation	SN2P5 stated:" If I respond to the companion in the same way he behaved, insulting and shouting, this will lead to a dead-end".	• لما الدكتور يفحص المريض.. لازم يحكي للاهل و المرافقين بالزبط شو الحالة.. يكون صريح معهم.. ولما نعمل فحوصات بتاخذ وقت النتيجة لتطلع.. نحكي للمريض و المرافقين عن مدّة زمن الانتظار المتوقعة... يا برتاحو بالاستراحة يا بطلعو برا يغيرو جو.. اذا اجاني

مريض مثلا عنده جرح عميق.. بنزف اهله متوترين كثير.. احكي معهم اهديهم.. اطمنهم HF2P6 • حتى كمان ما بصير تطنشه RF1P5 • خليه شوي ليبرد, ادخل جوّا, لبعدين فهمه غلطه او كيف يتصرّف... شدّ وارخي معه SH3P4 • ما رديت عليه فعليا وما صرخت عليه SA1P4 • اتلاشى الحدث و الموضوع SA1P5 • يعني واحد بغلط ومعصّب, ارخي الحبل شوي.. ابرد.. طنشه SH3P5 • **اذا بردّ على المرافق بنفس الطريقة, غلط او صراخ راح أوصل لطريق مسدود SN2P5** • اذا اعطاك كلمة ما تردّ عليه انت بالاساءه RF1P5		

		• اذا كان فعلا على حق, اعترف واسلكه و اعمل الصحيح SN2P5
Not arguing with the perpetrators		• أسلوب الكلام, حتى لو المرافق غلطان أحاول اهديه, ما اخذها شخصي, الكلام عن المستشفى الحكومي مش علي انا JA1P3 • عارفين انه بكذب عشان بده يعمل مشكلة, ما بنجادله خلص, بنقله اه يمكن صار خلل فني بالشبكة, حقك علينا, يعني ما بنناقشه نهائيا حتى لو عارف انه الحق عليه SA1P4
To talk respectfully	JA1P2 said:" Nice talking, reassure the companions about their patients, the nurse should not be blunt or cruel when dealing with patients, and one responds to others!"	• اخلي بالطوارئ ممرض بشوش وجهه بضحك يعرف يتعامل مع الناس MO2P5 • اسلوبنا كتمريض لازم يكون اكثر لباقة.. نتواصل معهم اكثر.. نشرحلهم عشان الخطة العلاجية HR3P2 • كلمة حلوة ... سلامته, بتبرّد اعصابه RF1P3

• اذا في مجال للحكي والنقاش بنحكي معهم RF1P2 • النقاش السلمي RM3P4 • بحكيله اذا بدك تدخل قبل غيرك راح تعمللي مشاكل, لازم تحترم الدور و الأولوية SA1P6 • احيانا عند وقوع حادثة عنف، يصدف وجود احد المسؤولين ذو الخبرة يعمل في تلك الوردية، يقوم مباشرة بالتدخل لحل المشكلة، ولانه يملك اسلوب تواصل فعال، يتحدث الى المرضى و المرافقين بشكل منطقي و ينهي النزاع بدلا من ان يتفاقم SA1P2 • الأطباء و التمريض بحاولو يحجزو بين الناس.. او بمونو على الأشخاص.. انهم يحكو معهم و يهدوهم HK1P2 • زميلنا اخطأ معهم.. تركهم و رجع.. نقوم احنا كمان نخطأ معهم و تزيد المشكلة.. حكينالهم كلمتين		

مناح.. حقكم علينا.. هديو.. و قالو حياكم الله و شكرا الكم HF2P6 • الشرح عن الفرز, بحكيلهم في ناس وضعها حرج ما بتقدر تستنى عشان هيك بدنا ندخله قبل SA1P5 • مسكت اعصابي.. طلعت مرافق المريض برا, حكيت للمدير, احنا ما بنشتغل عندك.. وانا وضحتله الصوره.. ما بحقلك ترفع صوتك علينا, لا بين أطباء ولا قدام الناس, رجع قلي متاسف, حقك علي, حط ايده على كتفي, باس راسي, سحب حاله و راح JS3P1 • **الكلام الحلو, تطمن الناس عن المريض, في كثير أساليب بالكلام.. بنفعش الممرض يكون جفص مع الناس وناشف, وواحد برد عالثاني JA1P2** • بالكلام الحلو والنقاش المنيح, بتنحلّ الأمور MO2P3		

		• المرافق لو جيته بطريقة حلوة, وأسلوب منيح, انه هيني بشتغل مع مريضك مش ناسيه, بحسسه الأسلوب هذا بالأمان... بنظري ثلثين العلاج نفسيّة, يعني انت اذا حكيت مع المريض احتويته, فهمته, حكيتله الخطّة العلاجية, كثير بختلف انك بس تقدم الخدمة الطبية و خلص RM3P2
Use body language effectively		• امتص غضب الناس, الاقيه بوجه حلو, ما الاقي المريض وانا مكشر, ما استعمل لغة الجسد بطريقة خاطئة... كلمة حلوة وابتسامه, سلامته, بتبرّد اعصابه, بتقبل مني أي اشي بعديها RF1P3
Trying to control their anger		• عدّ للعشرة قبل ما تأخذ أي قرار, اذا قدرت تحل الموضوع ودّي مع تنازل بسيط, تنازل ومشي الموضوع SA1P7 • لازم تكون بارد أعصاب RF1P3

• مرات بكونو الشباب ساكتين وهاديين, بمشّو معاهم RM2P1 • تكون مستمع.. ما تجاوب.. يعني تمشي الموضوع.. ما تحوله لاشي شخصي... يعني هو مستقصد النظام ككل مش انا, انا فقط جزء من هذا النظام... الجدال مش منيح MM1P5 • الاستقبال الجيد للمريض, بريحه على التخت.. بحكيله سلامتك.. باخذ منه ال .Hx ... أسلوب تواصل جيد مع الناس بخفّض 90% من المشاكلMO2P2 • احسسه بالاهتمام... هي انا جيت تواصلت معك, حكيت معك, اذا شفت الاهل متوترين, اتواصل معهم بزيادة, احسسهم باهتمام اكثر... أسلوب تواصل فعّال ومنيح مع الناس, بخفف من التوتر RM2P1-2		

		• ابعّد عن الشغلات الي ممكن تستفزّ المرضى او المرافقين RM2P4 • مش لازم احكي كلام يخوّف المريض او يقلقه, لازم انتقي الفاظي صح RM3P4
Demonstrate the ability to face violence by being assertive		• اذا خصمك عرف انك قادر انك تئذيه.. بخاف منك.. بس اذا مرّة وحدة تعدّى عليك وسكتله, راح يتعدّى عليك بدل المرّة ميّة SH3P6 • لازم يكون تعاملنا مع الناس باحترام و معاملة طيبة, وبنفس الوقت صارمين... لازم اتبع النظام مع الكل SA1P5
7. Customer service training	**RF1P6** said: to conduct courses in effective communication and how to deal with violence by Continuous Education Committee in the hospital or to include the violence report process in the	• اعطاء ورشات ودورات توعيه, كيفيّة التعامل مع المرضى والمرافقين SH3P7 • المستشفى تعقد اجتماعات تفهمنا كيف نتعامل مع هاي المواقف, يعطونا دورات و تدريب, في كثير

	orientation program for the new employees **JA1P4** mentioned: "Improving the capabilities of medical staff by conducting courses on effective communication methods... here in the ED we are the first line of defense"	ناس انفعالية, ما بتعرف تتصرف SA1P5 • **المفروض التعليم المستمر في المستشفى هو يستلم مشروع عمل دورات ارشادية للتعامل مع العنف, او تدخل التبليغ عن العنف في مشروع ال orientation RF1P6** • بلّشوا في دورات communication كيفيّة التواصل مع الطواقم الطبيّة والناس RF1P6 • اوفّر دورات لاساليب التواصل مع الناس RM2P4 • لازم يكون في لجنة خاصه للبنات تحديدا.. يعلموهم كيف بتصرفو HR3P4 • **تحسين أسلوب الطاقم الطبي, عمل دورات عن أساليب التواصل و التعامل مع الناس... احنا بالطوارئ وجه المستشفى, خط**

		الدفاع الأول, الطواقم الطبيه, تساعد بعض في الحدث, يوقف العنف, يوقف الشغل JA1P4 • اعلم الطاقم كيف يصبر و يتحمل اعلمه كيف يتعامل مع الحاله... عمل دورات توعيه عن طرق التعامل مع العنف وتخفيف حدته, و عمل orientation لل policy الموجود في المؤسسه JM2P3 • يعطونا دورات عن بروتوكول الإبلاغ عن العنف, مره اعطونا دورة عن طريق الشرطة, كيف نمتص غضب المرضى JS3P4
8. Do some modification on hospital structure	**RF1P6** said: ” there should be an emergency exit for the medical staff, and a special safety room, which doesn't open without entering a passcode, with an	• الناس الي ما بدهم موضوع طارئ فعلا, اخصصلهم طبيب و ممرض بعيادة خارجيه مش بالطوارئ SN2P9 • في جزء كبير من المرضى مش بحاجة يدخل طوارئ, في غرفة ثانية للحالات الي مش طارئة, بحوله عليها RF1P3

• بدك توسّع المستشفى الي يستوعب الاعداد الي بتيجي عليه RF1P4 • لازم مستشفى ثاني بالمنطقة او توسيعه RM2P3 • مدخل خاص للاسعاف, مدخل خاص للمشاة MM1P2 • يكون عندي triage ... مكان مخصص يتم استقباله.. تخت محدد... هيك بلاقي حدا يستقبله اول ما يوصل.. اهتمام.. مكان.. بخفف حدّة المريض MO2P5 • غرفة اذا تسكّرت من جوا, ما حدا يقدر يفتح بابها SH3P8 • يكون في غرفة خاصّة, باب اذا سكرنا على حالنا ما حدا يقدر يفتحه علينا SA1P7 • **في مخرج طوارئ للطواقم الطبية، في غرفة خاصّة للطواقم الطبية ازا سكرت الباب ما بفتح الا في باسوورد، في من الغرفة نفسها باب بطلع برا الطوارئ RF1P6**	emergency exit from inside the room itself “	

• الحلو عنا غرفة خاصة للطاقم.. ما بتفتح الا ببطاقة.. امان كثير.. بعيدة عن الكل MS3P3 • **مكان مخصص النا.. امن ما يدخله حدا.. القزاز الي عالكاونتر يكون ضد الكسر.. ما يحطو أدوات سهله تنشال.. الكراسي مثبته HR3P2** • مكاتب المسؤولين تكون قريبة من الطوارئ.. الناس بحسبو حساب للاداريين اكثر منا احنا HR3P3 • ال triage الأفضل يكون بعيد عن باب الطوارئ SN2P8 • هون بقدرو يدخلو عالكاونتر عنا مباشرة, فش حاجز حتى يمنعهم يدخلو MM1P2 • لو في غرفة للفرز, معظم المشاكل بتصير بلحظة الدخول, عالاقل ما يكسرو الأجهزة, ما يتفشو بكل الطاقم, و بوجود المرضى, بكون الضرر النفسي و الفعلي اقل MM1P2		

• فش مدخل خاص للاسعاف, السؤال كان عالسريع بالممر لحظة دخوله, يمكن حس انه الخصوصية ممكن تُنتهك MM1P3 • Structure الطوارئ ما بساعد الشرطة نفسها MM1P3 • غرفة ال station لو بدي اسكرها على حالي.. بنط من فوق ال counter ياما كسّرو شاشات MM1P6 • اجا المريض هرب منه.. تخبى عنا بين الممرضات.. جوا الكاونتر.. نحشرنا جوا.. وما قدرنا نطلع HK1P1 • الكاونتر كان مسكّر.. انحشرنا.. مش المفروض يكون أماكن مغلقه.. نعلق فيها ما نقدر نطلع.. خصوصي لما يصيرفي طخ HK1P3		

9. Building trust relationship between hospital managers and employees	**MS3P3** said:" The most important thing is not to blame the nurse, and don't interrogate him\her by saying "why did you behave in this manner? (Talking to the perpetrators or arguing with them), why did you curse them?" this will make him\her feel safe so that he\she will write the incident report without any hesitation "	• أشجّع الموظف يبلّغ عن العنف, اعطيه الأمان SH3P8 • **اهم اشي ما الوم الممرض.. احسسة بالأمان.. ما احكيله واحقق معه.. ليش سبيت هيك.. ليش تصرفت هيك.. اذا حس بالأمان بكتب ال Incident report MS3P3** • البنات... بخجلو يحكو مرات شو صار معهم.. الأفضل يكون في انثى بمركز اداري للجوء اليها في حالات العنف.. و لسهولة التعبير.. و المحافظة على سرية المعلومات المكتوبه بالمذكّرة الخاصه بالعنف.. عشان البنات يتشجعو يضلو يبلغو HR3P4 • مرات الناس بيشكو على الطبيب بتيجي الشرطه و بتحمله من الطوارئ و بتاخده على السجن, المفروض المستشفى تحط رجال قانون تدافع عن الموظفين JA1P4

10. Create a clear policy for violence	**MS3P3** mentioned: “employees must be protected... any case of violence against medical staff should not be tolerated... those responsible should be punished”.	• أخلّي policy واضحة لكل الموظفين, في حال صار 1..2..3.. اعمل كذا وكذا , واعمّمها على الكلSH3P8-9 • ما حدا بدرس تقرير الحدث, يحلله.. يعمل اجتماعات ويناقش المشاكل و أسبابها RM2P3 • **لازم احمي الموظفين.. لن يتم التساهل مع أي حالة عنف ضد الطاقم الطبي.. يتحاسب المسؤول عنها MS3P3** • ما يداومو بنات لحالهم على الشيفت.. يكون في شب male معهم HR3P4 • في حالات الطوش... ما يلتقو طرفين المشكلة بنفس المستشفى... ممنوع طرفين يكونو متمشكلين يلتقو مع بعض بنفس الطوارئ HK1P2

Do some modification on university courses		• ما حدا بالجامعة جاب سيرة الطوارئ او فهمنا كيف لازم نتعامل لنحمي حالنا SA1P5 • في الجامعة اخذنا عن ال violence بس ما تطرق للعنف ضد الطواقم الطبية.. لو يحطو كورسات بكون تصرفنا احسن.. خصوصي احنا الخريجين الجداد HK1P2 •

Abstract in Arabic

الملخّص بالعربيّة

المقدمة: يتزايد العنف في جميع أنحاء العالم. و يتزايد انتشاره في قطاع الرعاية الصحية بشكل مستمر ، وأحد الأماكن الاكثر تعرضا للعنف هي أقسام الطوارئ وذلك بسبب الطبيعة الحرجة لبيئة العمل. قد يؤدي العنف في مكان العمل ضد الطاقم التمريضي إلى انخفاض الإنتاجية ، وقد يواجه التمريض في قسم الطوارئ أنواعًا مختلفة من العنف. لا يُعرف سوى القليل عن العوامل التي تساهم في العنف ضد التمريض ، وتأثير العنف في مكان العمل عليهم ، والطرق الوقائية. إن فهم هذه القضايا من خلال خبرة التمريض وتصوراتهم يمكن أن يعزز بيئة مكان العمل وجودة الرعاية الصحية.

الهدف: هدفت هذه الدراسة الى استكشاف تجربة الممرضين والممرضات وتصوراتهم عن العنف في مكان العمل في أقسام الطوارئ في المستشفيات الفلسطينية.

منهجية البحث: نهج نوعي، أجريت مقابلات فردية متعمقة مع عينة غير احتمالية قصدية مكوّنه من 15 ممرض وممرضة يعملون في اقسام الطوارئ و الذين شهدوا أو عانوا من حوادث العنف في مكان العمل. تم استخدام الأسئلة المفتوحة للحصول على معلومات متعمقة حول خبرة التمريض فيما يتعلق بالعنف في مكان العمل في أقسام الطوارئ. تم استخدام نهج تحليل المحتوى الموضوعي في تحليل البيانات..

النتائج: أظهرت النتائج أن التمريض في قسم الطوارئ تعرضوا للعنف الجسدي واللفظي والتحرش الجنسي. تم ايجاد ثلاثة مواضيع رئيسية تمثّل العوامل التي تساهم في العنف ضد التمريض.و هي: القضايا المتعلقة بالمعرفة والسلوكيات ، والعوامل الخارجية ذات الصلة والقضايا المتعلقة بالنظام. ظهرت أربعة محاور رئيسية من تحليل المقابلات تتعلق بمشاعر الموظفين، وهي: الشعور بالإرهاق، والشعور بالضيق، والشعور بالإهانة، والشعور بالعجز والخوف. قدم المشاركون في الدراسة بعض طرق الوقاية للتقليل من العنف في مكان العمل ، مثل تعزيز نظام الأمان ، وتحسين جودة الرعاية الصحيّة وعملية التواصل، وتقليل وقت الانتظار، وإجراء بعض التعديلات على هيكل المستشفى، والتدريب على خدمة العملاء وزيادة الوعي العام، وإنشاء سياسات واضحة للتعامل مع العنف. كما تم

ملاحظة بعض الاقتراحات من قبل المشاركين والباحثة للتعامل مع العنف. وأظهرت النتائج أنه لا يوجد نظام معروف واضح لكيفية الإبلاغ عن العنف. يوجد قضايا مختلفة تم ذكرها من قبل المشاركين تمنع ممرضي اقسام الطوارئ من الإبلاغ عن العنف.

الخلاصة والتوصيات:

تساهم عوامل عديدة في انتشار العنف في مكان العمل في أقسام الطوارئ. يتعين على إدارات المستشفيات ضمان سلامة جميع الموظفين من خلال استخدام الاحتياطات المناسبة وأنظمة الإنذار التي تعمل بشكل صحيح وتدريب الموظفين. هناك حاجة ماسة للدعم النفسي بعد حوادث العنف من قبل مديري المستشفيات والمجتمع والنظام القانوني. كما يتعين على الجامعات تطوير دورات تدريبية في مهارات التواصل الفعال وادارة العنف والضغوطات النفسية.