



A Nurse Stabbed with Knife by a Patient's Relative: A Letter to the Editor

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Workplace violence is a major concern for each person (1). It consists of aggressive behaviors that lead to injuries or discomfort of the victim (2). There are different types of violence, including non-verbal threats (such as shaking fists or pointing at others), verbal threats (such as screaming or shouting), and physical aggression (such as shoving, kicking, and threatening with knife) (3). The rate of workplace violence is progressively increasing (1).

Due to their direct contact with patients and their relatives, nurses typically are three times more at risk for workplace violence than other healthcare providers (4). The most important effects of violence against nurses include increased costs for nurse recruitment and retention, frequent absences from work, low professional efficiency, increased staff turnover, poor nurse-patient relationships, job burnout, and patient dissatisfaction (5).

In the dialysis care unit of a local hospital in Ilam, Iran, a male nurse was preparing a dialyzer and dialysis machine to start dialysis for a patient. Despite the effective role of Ilam nurses in improving the health status of patients undergoing hemodialysis (6), a relative of the patient suddenly committed verbal violence against the nurse. The nurse responded him. Their verbal argument interfered with patient care and thus, the nurse called and asked hospital security to calm down the relative. Suddenly, the relative attacked the nurse and stabbed him in the abdomen with a knife, which caused severe bleeding.

This experience shows that workplace violence can happen everywhere and for every healthcare provider, particularly nurses who are in direct contact with patients and family members of different sociocultural classes. Accordingly, nurses need to have great anger management abilities at workplace; otherwise, they may experience irrepara-

ble damages. A more important point is the lack of an efficient support system for nurses; thus, nurses have no option but to manage such situations in person and alone. Effective managerial, disciplinary, and security strategies and mechanisms should be developed to prevent, document, report, and manage workplace violence against nurses and to support nurses who experience workplace violence. Moreover, given the high priority of patient and staff safety, courses on workplace violence need to be integrated into the curricula of nursing and other healthcare professions (3). In-service staff training programs concerning professional communication and violence management can also help nurses prevent and manage workplace violence. Although workplace violence cannot be completely prevented, the aforementioned strategies can reduce its rate and severity.

Due to the incidence of the crime in the hospital and escape of the attacker, there was no opportunity to describe the abuse and introduction to psychiatrist. Considering the security measures in hospitals and paying attention to the staff rights charter, appropriate practical measures are needed to prevent nurses being attacked. Criminal prosecution and psychiatric counseling should be considered in such cases.

Footnotes

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