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Knowledge and Attitude Regarding Abuse and Domestic Violence among Emergency Nurses at Health Care Sector

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Abstract:

In the hospital settings emergency nurses are the first who come into contact with the patients and their relatives and keep close relationship with the patients. Therefore, she also has legal and professional duty to report that cases of abuse and domestic violence. So, that the emergency nurses should must have awareness and legal knowledge toward domestic violence and abuse. That's why they can provide appropriate medical, nursing, and legal services to these sufferers of domestic violence and abuse. The purpose of this study is to assess the knowledge and attitude of emergency nurses toward abuse and domestic violence in Mayo Hospital Lahore. A descriptive cross-sectional study design was used to assess the knowledge and attitude of emergency nurses toward abuse and domestic violence. Target population of the study is all nurses working in emergency department of Mayo Hospital Lahore that was 200 nurses. An inclusion criterion of the study is all charge nurses and head nurses working in emergency department of Mayo Hospital Lahore. Exclusion criteria of the study is student nurses and all the other nurses working in other than emergency department of Mayo Hospital Lahore. A convenient sampling technique was used to collect the data. The sample size was the 134 participants. Result of this study shows that emergency nurses' knowledge toward abuse and domestic violence reporting rate was low and some of the nurses even do not know either it is the duty of medical professional to report about abuse and domestic violence. The attitude of emergency nurses toward domestic violence sufferers, they say even if the domestic violence is in serious nature the sufferers should not run-away leaving kids at home. The results of this study show that the emergency nurses' reporting rate toward abuse and violence are low.

Keywords: Abuse, domestic violence, knowledge, attitude, emergency nurses

1. Introduction

The expectations for everyday comforts and conventional estimations of the general population have changed with the progression of time. With these adjustments in the general public, the component of regarding the others has completely vanished. Along these lines, the rate of abusive behavior at home has expanded quickly. In any case, the vast majority of the sufferers of maltreatment and aggressive behavior at home are ladies. In spite of the fact that, individual's maltreatment in different types of strategies, the most widely recognized technique for maltreatment is substantial mistreatment (Cho et al., 2015). Misuse is characterized by any activity that is purposely used to harm, harms, undermine, stun, and control someone else. It might be in any frame, for example, physical, enthusiastic, and verbal (Alsafy et al., 2011). Abusive behavior at home is likewise called close accomplice savagery. that is characterized by the type of impolite conduct in any association that is utilized by one accomplice to incremental or keep up supremacy and authority over another nearby accessory. It very well applicable in any frame (Abu Taleb et al., 2012).

Nursing is a critical piece of human services framework that incorporates advancement of wellbeing and aversion of all sickness all things considered and sexual orientation (WHO, 2012). Crisis nursing is a field nursing in which the medical caretaker be concerned for the patients in the crisis or basic phase of their ailment or damage, contingent on the dimension of their brutality (Urden et al., 2013).

In addition, in the healing facility setting crisis medical caretakers are the chiefs who have to face and manage the victims and their relatives and keep cozy association with the victims. Notwithstanding, the crisis medical caretakers have a towering chance to the insightful casualties of maltreatment and aggressive behavior at home. In this manner, she additionally has legitimate and proficient obligation to report that instances of maltreatment and abusive behavior at home. Thus, that the crisis medical attendants should must have mindfulness and legitimate learning toward aggressive behavior at home and misuse. That is the reason they can give suitable restorative, nursing, and legitimate administrations to these sufferers of abusive behavior at home and misuse (Cho et al., 2015)

Human services experts have absence of learning to maltreatment and aggressive behavior at home examination. Additionally, they imagine that it is out of their responsibilities. (Hegarty, 2011).

Bibi et al., (2014) underlined that there is a prime responsibility of social insurance experts that they must know about the maltreatment and abusive behavior at home, its causes, administrations, defensive techniques and recognizable proof of brutality history. In any case, the scientist says that the brutality history ought to incorporate into routine history.

Medical caretakers working in crisis divisions needs information and uplifting demeanor and unique preparing with respect to manhandle and aggressive behavior at home. They ought to have the capacity to teach to the patients and discover answers of the patients's inquiries who need to answer with respect to household misuse (McGarry et al., 2013).

Medicinal services experts have a critical impact in the efficient documentation of maltreatment and abusive behavior at home (McGarry, 2016). They should prepare and teach about maltreatment and aggressive behavior at home; without enough preparing and training this reason can't be accomplished.

As the time has been passed the maltreatment and aggressive behavior at home happens at homes over and over and it turns out to be significantly more difficult issue (Ewha, 2013). The crisis medical caretakers require playing out a specialist obligation in detailing misuse and abusive behavior at home, since they are capable to recognize the lawful learning and in addition to look at the abusive behavior at home and misuse. Consequently, this examination gives the standard information, an instructive program and strategy for medical attendants can be plan to effectively recognize the instances of maltreatment and aggressive behavior at home (Cho et al., 2015).

Ramsay et al. (2012) expressed that the ladies enduring with maltreatment have over and again contact with essential consideration clinicians and think of it as reasonable to be asked about aggressive behavior at home by specialists and attendants. Most clinicians detailed an uplifting demeanor towards reacting to ladies who encounter aggressive behavior at home however the announced ID rate was low.

Crisis medical attendants must train about maltreatment and residential violence (McGarry et al., 2013). In any case, when these sufferers of abusive behavior at home and misuse visited in crisis division, around then crisis attendant ought to give these sufferers the therapeutic administrations, as well as do the examination obviously (McGarry et al., 2015).

The criminal of aggressive behavior at home should be rebuff with jail on the off chance that he utilizes viciousness to demonstrate his quality against his mate (Blideman, 2010). The criminal of abusive behavior at home uses brutality to demonstrate his quality (Blideman, 2010).

1.1. Aims of the Study

- To assess the knowledge of emergency nurses toward abuse and domestic violence.
- To assess the attitude of emergency nurses towards abuse and domestic violence.

1.2. Significance of the Study

The consequence of this investigation will realize mindfulness misuse and abusive behavior at home in crisis nurture with the goal that the crisis attendants will have the capacity to report about maltreatment and abusive behavior at home. The examination discoveries will assist the association with developing approaches in regard to manhandle and abusive behavior at home revealing in healing facility that will start ventures to improve learning and frames of mind of crisis medical caretakers towards maltreatment and abusive behavior at home. This examination will likewise upgrade my own insight in future if this sort of circumstance looks by me, must be report it.

2. Methods

2.1. Setting

The setting for this research was Mayo Hospital Lahore.

2.3. Research Design

A descriptive cross-sectional study design was used.

2.4. Population

The study population for this research was all nurses working in emergency department of Mayo Hospital Lahore.

2.5. Sampling

The simple random sampling technique was used to collect data from selected population. A sample of n=134 was recruited from the targeted population).

2.6. Research Instrument

An adopted close ended questioner was used from base article (Cho, Cha, & Yoo, 2015). The questioner composed in three Sections. Section 1 contains 6 items regarding demographic data; section 2 contains 7 items regarding knowledge towards abuse and domestic violence. The section 2 scale cited from (Jung, 2007) by the base article. Reliability of the section 2 scale Cronbach Alpha value is .84. Section 3 contains 18 items regarding attitude towards abuse and domestic violence, in section three 5 items were used to measure the attitude towards victims of domestic violence and 13 items were used to measure the attitude towards perpetrator of domestic violence. The section 3 scale cited from (Lee, Paek, Park, & Park, 2002) by base article. Reliability of attitude scale Cronbach alpha value is .57 in this study.

2.7. Methods Used to Analyze Data

Data was analyzed by using SPSS version 22.0 statistical software for data analysis.

- Demographic variables like age, gender, marital status, education etc. were analyzed by using descriptive statistics like frequency, percentage, mean and standard deviation. Percentages will be calculated for categorical data while continuous data was analyzed through mean and standard deviation.
- A descriptive statistic was used to assess the knowledge and attitude of emergency nurses toward abuse and domestic violence in mayo hospital Lahore.

2.8. Study Timeline

The data was collected from September 2018 to December 2018.

2.9. Ethical Consideration

The rules and regulations set by the ethical committee of Lahore School of Nursing was followed while conducting the research and the rights of the research participants were respected.

- Written informed consent attached was taken from all the participants.
- All information and data collection were kept confidential.
- Participants were remaining anonymous throughout the study.
- The subjects were informed that there are no disadvantages or risk on the procedure of the study.
- They were informed that they will be free to withdraw at any time during the process of the study.
- Data were kept in under key and lock while keeping keys in hand. In laptop it was kept under password.

3. Results

3.1. Profile of the Respondents

Respondents were taken from different selected groups of studies at Lahore School of Nursing.

Profile		(f)	%
Age	20-25	29	21.64
	26-35	81	60.45
	36-45	20	14.93
	Above 45	4	2.99
Gender	Male	2	1.49
	Female	132	98.51
Designation	Charge Nurse	129	96.27
	Head Nurse	5	3.73
Experience	Less than 1Year	29	21.64
	1-5Years	81	60.45
	6-10Years	20	14.93
	Above 10Years	4	2.99
Marital Status	Married	25	18.66
	Single	109	81.34

Table 1: Demographic Frequency

Table No 1 displays that 21.64 % (29 participants) between the ages of 20-25. 60.45 % (81 participants) between the ages of 26-35. 14.93 % (20 participants) between the ages of 36-45. 2.99 % (4 participants) above 45 years of age. For detail description sees in Table 2 and figure 4.2 given below. Data shows that 98.51% (132participants) were females and 1.49% (2 participants) were male. Distribution can be seen in Table 1 and figure 4.1 given below. 96.27% (129 participants) were charge nurses and 3.73% (5 participants) were head nurses. For detail description sees in table 4.4 and figure 4.4 given below. 21.64 % (29 participants) have less than one-year experience in emergency department. 60.45 % (81 participants) have 1-5-year experience in emergency department. 14.93 % (20 participants) have 6-10-year experience in emergency department. 2.99 % (4 participants) have above 10 years of experience in emergency department. For detail description sees in table 4.3 and figure 4.3 given below. 18.66 % (25 participants) were married and 81.34 % (109 participants) were unmarried. For detail description sees in table 4.5 and figure 4.5 given below

	Yes	No	Don't Know
Medical professionals (nurses, doctors) have a duty to report abuse or violence	73.1	9.7	17.2
he perpetrator of abuse or violence has to serve prison sentence or pay a fine	50.7	16.4	32.8
3. If anyone discovers abuse or violence, then must they report it?	71.6	9.0	19.4
4. If the personnel who have duty to report do not report then they are legally responsible.	41.0	9.7	49.3
5. If the personnel who have a duty to report find out about the abuse and violence at work, then they have responsibility to report it	61.2	11.2	27.6
6. Do you know a reporting organization for victims of abuse and violence?	49.3	0.0	50.7
7. Do you know the phone number to report to when you discover victims of abuse and violence?	41.0	0.0	59.0

Table 2: Knowledge Regarding Abuse and Domestic Violence

Table No 2 displays 73.1% (98 participants) replied yes, it is the duty of Medical professionals (nurses, doctors) to report about abuse and domestic violence. 9.7% (13 participants) replied no and 17.2% (23 participants) replied do not know 50.7% (68 participants) says yes that the offender of abuse and domestic violence has to serve prison and pay a fine. 16.4% (22 participants) says no and 32.8% (44 participants) says do not know.

71.6% (96 participants) replied yes if anyone discovers abuse and domestic violence then they must report it. 9.0% (12 participants) replied no and 19.4% (26 participants) replied do not know. 41.0% (55 participants) replied yes, it is the duty of personnel to report about abuse and domestic violence and if they do not report then they are legally responsible. 9.7% (13 participants) replied no and 49.3% (66 participants) replied do not know. 61.2% (82 Participants) gave positive response. They say yes, the personnel who have the duty to report if find out abuse and domestic violence at work place, and then they are accountable to report. 11.2% (15 participants) replied no that they are not responsible to report. 27.6% (37 participants) replied we do not know either we are responsible or not. 41.0 % (55 participants) gave positive response says yes, they know the phone numbers of reporting organization of abuse and domestic violence and 59.0% (79 participants) says that they do not know the phone numbers of reporting organizations. 49.3% (66 Participants) replied yes, they know about the abuse and domestic violence reporting institute and 50.7 % (68 participants) replied they do not know the abuse and domestic violence reporting institute. 61.2% (82 Participants) gave positive response. They say yes, the personnel who have the duty to report if find out abuse and domestic violence at work place, and then they are accountable to report. 11.2% (15 participants) replied no that they are not responsible to report. 27.6% (37 participants) replied we do not know either we are responsible or not.

Students-Related Factors	Yes	No
Even if the domestic violence is serious, it should not be suggested that victims run away, leaving children at home.	84.3	15.7
People who have been hurt act in a way to deserve that	32.8	67.2
If an offender repents, then the victim has to forgive and reconcile.	9.7	90.3
If the victim prays, the offender will change for the better.	9.7	90.3
Even though domestic violence is severe, the victim has to be patient and continue to live with the offender for the sake of their children	44.8	52.2
The perpetrators of domestic violence need to receive treatment	90.3	9.7
The cause of domestic violence is not seeing a spouse as an equal partner	88.8	11.2
The perpetrator can recover by receiving counseling and treatment	82.1	17.9
The perpetrator engages in domestic violence because of job loss or poverty	58.2	41.8

Table 3: Attitude towards Abuse and Domestic Violence

Table 3 shows 84.3% (113 participants) replied yes if the domestic violence is serious it should not be suggested that victims run away leaving children at home and 15.7% (21 participants) replied no it should not be if the domestic violence is serious, it should not be suggested that victims run away leaving children at home.

32.8% (44 participants) replied yes, the people who have been injured doing in a manner to deserve that and 67.2% (90 participants) replied no the people who have been injured they were not perform act in way to deserve that. 9.7% (13 participants) replied yes if the criminal apologizes, the victims should excuse and join again and the 90.3% (121 participants) replied no if the criminal apologizes; the victims should not excuse and join again.

9.7% (13 participants) replied yes if the sufferer prays, the criminal will change for the well and the 90.3% (121 participants) replied no. They say the criminal cannot be change for the better with the pays of victim.

44.8% (60 participants) replied yes if the domestic violence is severe the sufferer should tolerate the offender and stay with the criminal for the sake of their kids and the 55.2% (74 participants) replied no. They say if the domestic violence is severe the sufferer should not tolerate the offender and not to be stay with the criminal even for the sake of their kids.

90.3% (121 participants) replied yes, the offenders of domestic violence must gain intervention and 9.7% (13 participants) replied no the offenders of domestic violence have no need to receive treatment.

88.8% (119 participants) replied yes, the reason of domestic violence is not sighted a spouse as an equivalent partner. And 11.2% (15 participants) replied no, the reason of domestic violence is not sighted a spouse as an equivalent partner.

82.1% (110 participants) replied yes, the offender can improve by getting therapy and intervention. And the 17.9% (24 participants) replied no. the offender cannot improve by getting therapy and intervention.

58.2% (78 participants) replied yes, the offender involves in domestic violence because of work defeat and poverty. And the 41.8% (56 participants) reply no the offender will not involve in domestic violence because of work defeat and poverty.

4. Discussion

The motivation behind this examination is to survey the learning and frame of mind of crisis medical caretakers towards maltreatment and abusive behavior at home in Mayo Doctor's facility Lahore. The examination uncovered that 73.1% crisis attendants realized that a therapeutic expert has an obligation to report about maltreatment and aggressive behavior at home. 59.7% medical caretakers don't know even the telephone numbers report organization and 47.8% did not think about report establish. 49.3% faculty don't have the foggiest idea about that they have obligation to report possibly they are legitimately capable or not. Same as (Cho et al., 2015) referenced in his investigation that the crisis medical attendants announcing rate toward maltreatment and viciousness are low. 90.3% work force say that the guilty parties of abusive behavior at home need to get treatment and 82.1% faculty state that advising, and treatment can recuperate wrongdoer. 21.6% are of the view that you can beat your accomplice when you pushed. Same As (Bibi et al., 2014) referenced that the culprit of abusive behavior at home need to get treatment since one of the reasons of culprit local maltreatment with her mate is mental unsettling influence. 32.8% individuals are of the view that who have been harmed in a path as they merit that. (Blideman, 2010) likewise referenced that ladies disturbs the 5man to hurt her and demonstration in an approach to be misuse them. 84.3% respondents propose that Sufferers ought not flee, leaving kids at home, regardless of whether the abusive behavior at home is not kidding. The investigation finding relate with my examination 77.1% staff says if the abusive behavior at home is not kidding, it ought not be proposed that exploited people flee, leaving youngsters at home (Cho et al., 2015).

5. Recommendations

As a worker, crisis medical attendants need to surrender their unfair frame of mind toward the sufferers go about as faculty with an obligation to report, and know the importance of the maltreatment and aggressive behavior at home. Also, the crisis medical attendants must be qualified in giving proficient intercession to the two sufferers and guilty parties. The intercession of a crisis social insurance expert can just the best approach to stop intermittent experience of sufferers to mighty conditions. Be that as it may, medical attendants working in crisis office have the chance to survey the instances of maltreatment and abusive behavior at home. Along these lines, they ought to play out their job effectively.

6. Conclusion

Through this investigation, learning and frame of mind of crisis medical caretakers' toward maltreatment and aggressive behavior at home were recognized. The examination result demonstrates that the crisis medical attendants' detailing rate toward maltreatment and abusive behavior at home are low. The restorative experts need to give physical, lawful and mental intercessions to the two sufferers and guilty parties of maltreatment and abusive behavior at home Likewise, numerous medical caretakers didn't know that they had lawfully capable to which establishment to report and even they don't have a clue about the telephone quantities of revealing associations. Notwithstanding, for crisis medical caretakers' proper mindfulness and methodical instruction are required about maltreatment and aggressive behavior at home.

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