

Investigating factors affecting violence against nurses in Tehran hospitals

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Abstract

Hospitals are one of the places where the amount of conflict and violence is high, which is confirmed by various researches. And nurses are one of the most important people who are more exposed to these violences in hospitals due to more contact with clients (patients or companions). Therefore, the general purpose of the present study is to investigate the factors affecting violence against nurses in Tehran hospitals between the ages of 15 and 40. According to the study population, 384 people were selected based on Cochran's formula and questionnaires were distributed among the patients of Tehran hospitals and SPSS software was used to analyze the findings. The findings show that about 0.536% of the variance of the social violence variable is explained and justified by the variables "informal control", "social disorder", "physical disorder", "education", "formal control". The explained regression model is also linear and significant according to the scatter analysis test; Because the value of the F test to determine the significance of the effect of independent variables on social violence is equal to 56.3 with a 99% confidence level.

Keywords: violence, official control, hospital, religiosity, disorder

Interoduction

Violence is one of the major injuries in today's world, which is usually done by individual or collective actors, against themselves (suicide or self-harm) or against others (killing others or other harm) (Sadiq Sarostani, 1397: 113)(Violence has a social nature and mostly occurs in interpersonal and intergroup interactions, but in different physical,

economic, political, social and cultural forms such as murder, assault, terror, war, threat, destruction, desecration, humiliation, Insults and obscenities etc. appear and threaten the social and group security of people. Violence is a broad concept and has various meanings, and every society defines a range of specific and acceptable violence within itself and shows its sensitivity towards other types of this phenomenon (Mohsen Tabrizi, 1379:19).

Aggression and violence are among those social phenomena that, despite human hatred and aversion to it, have been present in all periods of the history of social life and the interaction of individuals, groups, institutions, nations and governments..

All today's societies are faced with the problem of violence, but what has caused society's concern today is the extent and scope of violence. In Iran, the sudden surge of violence in big cities and in some offices is evident in the statistics (Fakhrai, 2017)(Most of the polls and researches that measured the level of violence among Iranians came to the conclusion that there is a lot of violence in society in Iran (Mohsani, 2016; Azad Aramaki, 2015; Alikhah, 2015). The research shows that the amount of violence has had a relatively high growth rate, especially in the period from 2015 to 2016, so that the total number of investigated cases per capita in the period from 2015 to 2015 is 2.38% and in the period from 2015 to 2016 it is about 5.5%. It has grown by 8%, also during the same period, murder has increased by 530% and assault by 220% (Suri, 2014). Closed cases related to violence have also increased by 40% from 544 cases in 1376 to 755 cases in 1384. The statistics of the police force also confirm the same point, because the number of assaults has increased from 36,689 in 1975 to 50,649 in 1981 and 80,036 in 1993 (Statistical Yearbook of Iran, 2015: 470-500)(This level of situation is not only related to the outside of organizations and departments, but part of it is related to the inside of departments and organizations. One of these offices is hospitals, because people who are at risk of death and illness are always treated there, and sick people or companions are always worried about their

condition or the patients, so there seems to be a lot of violence there. Research shows that more than half of nurses in many European countries are exposed to one type of workplace violence during their working year (Babaei et al., 2018: 116). The amount of violence in different parts of the world varies from 76% in Greece, 82% in Pakistan and 67% in Italy (Shi et al., 2017: 116). The findings of a study in the United States of America showed that the rate of violence in all types of jobs was 12 per 1000 employees. While this rate was in professions related to providing services per 1000 people (Kaki-Smith et al., 2019: 779). In Iran, in the study of Salimi and Azazi, 97.8% of nurses experienced verbal violence and 54.13% experienced physical violence (Gholamrezanikjooi and Sahibi, 2022: 40). Dehnadi Moghadam et al.'s findings (2012) also show that 102 people (74.6%) out of 138 nurses were subjected to verbal violence. Violence had no significant relationship with age, work experience, marriage, level of education, work shift, days off and the patient's dispatch ($P < 0.05$); But with being worried ($P = 0.015$), being male ($P = 0.042$) and the nurse working at night ($P = 0.001$), the presence of the patient's male companions ($P = 0.01$), the patient being alert ($P = 0.01$), visiting the hospital at night ($P = 0.01$) and their dissatisfaction with some departments ($P = 0.01$) had a significant relationship. Since the findings indicate the high level of violence in emergency departments and several factors play a role in causing violence, paying attention to the underlying factors of violence and holding classes and workshops in medical training centers can be an effective step in reducing hospital violence. against the nursing staff. Esmaili and Joybari (2019) in a research in Iran show that the most violence against nurses is verbal and then physical; Sexual and racial violence have been investigated in few studies. The worrisome issue is the low level of reporting and follow-up after the occurrence of violence.

Sandgol and Ghafari Moghadam (2016) in a research about "the causes of violence in the emergency department of hospitals" come to the conclusion that the level of violence in this

section of hospitals is high and the reason for this is the increase in the longevity and waiting of patients in the emergency department. - lack of medical and nursing personnel - the lack of experience and youth of the emergency personnel (presence of plan nurses and interns who have the least professional and social experience) - the impact of social, economic and political issues on the society and increasing anxiety and reducing the mental peace of the society. - Regional and ethnic factors - Improper referral of patients to the emergency department - Defects in the laws and monitoring and enforcement of laws regarding the wrongdoers - Absence of continuous programs for training emergency personnel to control and prevent violence - Fatigue and high work pressure of emergency personnel - Low income of emergency personnel and lack of funding..

Therefore, violence against nurses is possible for various reasons, and the general purpose of the research is to identify these reasons and factors. That is, the current research seeks to answer the question, what factors are effective in the occurrence of violence against nurses?

Theoretical foundations of research

Violence is the improper, illegal and aggressive use of power, which is the type of illegal coercion used against public freedoms and rights, and in connection with violent crimes, it includes crimes with physical or sexual aspects that are very severe. This characteristic is considered necessary as a characteristic and criminal construction of the said act in cases such as intentional murder, rape or beating" (Blake, 1994:1570)

There are different views regarding the explanation and factors affecting it. For example, the view of victimization includes the idea that physical and social vulnerability based on demographic factors such as gender, race, and social base intensifies violence. Many studies have shown that women and elderly people, who feel more vulnerable, also show more violence (Alikhan and Najibi, 2006). A similar explanation can be given for the relationship between low income and violence

as the second possible cause. Violence is the effect of impoliteness. In fact, the fear of being victimized cannot be separated from the perception of general physical or social indecencies or deviations (Evans and Fletcher, 2000). This fact can be seen through the gap between the victimization rate and the level of violence. These indecencies include unruly youth, drinking alcohol in public, noisy neighbors, leaving garbage and the like, which can facilitate violence (Shafer et al., 2006). This idea is also emphasized in the theory of broken windows, which is related to the feeling of general insecurity among people and violence (Downs and Rock, 1998). The economic and social base of people can also affect their emotions; As Ritchway and Johnson believe: the higher the human base in a social group, the lower the expression of negative emotions due to dissatisfaction and disapproval of outgroup events..In other words, the higher the position and responsibility of a person in a social system, even though he feels dissatisfied with the existing situation, he expresses this feeling of dissatisfaction less; sometimes in order to maintain group solidarity and sometimes to maintain his position. If this is not the case with positive feelings, that is, if a person is in a high position in a social group, he expresses his positive feelings about events that give him satisfaction, and he no longer censors himself there (Rafipour, 2017, 20). In this way, as the base of people in a society increases, the possibility of their access to various educational, health, welfare, etc. facilities and services will also increase, and as a result, they will have a sense of belonging and satisfaction towards the society, and the attachment between them will be strengthened. On the contrary, if the feeling of belonging of the members of the society is not combined with the feeling of satisfaction with life in the society, the solidarity will gradually decrease. So, the more satisfied a person's feeling is with life, the more he will experience the lack of fear of punishment and will be able to produce it..

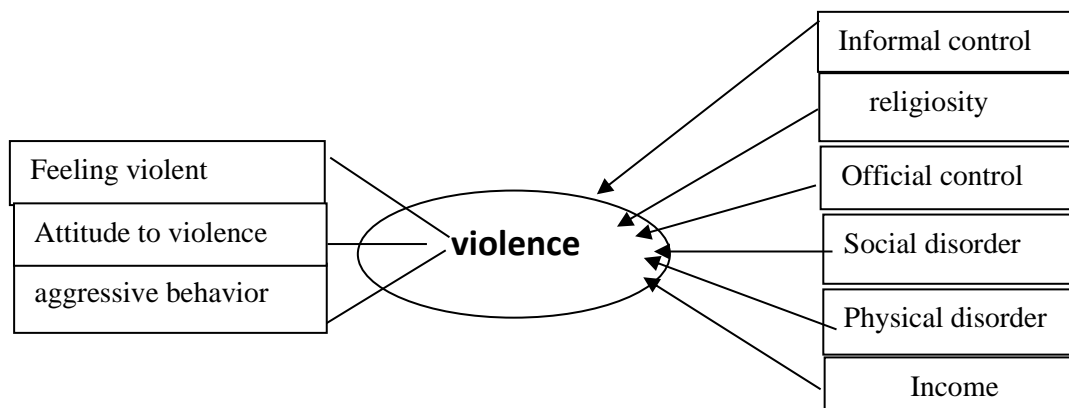
Durkheim considers religion to be a manifestation of social solidarity and believes that religious representations or symbols are

neither pure illusions nor substitute for other phenomena, such as natural forces, but they exist in the minds of individuals to prevent self-centered impulses and discipline the individual in a way that can objectively deal with external reality (Jalali Moghadam, 2015: 46). Tocqueville also believes: in an egalitarian society that wants to govern its own affairs, moral discipline that is instilled in people is necessary..The members of the society must follow a discipline that is not only caused by their fear of punishment. According to him, the faith that will create moral discipline in people better than anything else is religious faith (Aron, 2018: 562). Also, religious beliefs can be an effective factor in the prevention of crimes, as Stark and others have proven the deterrent effect of religiosity in committing crimes in 1982. According to them, the preventive power of religion is greater in religious and moral communities than in non-religious communities, and religion acts as a protection against crime (Jalali Moghadam, 2015: 46)

In the new approaches of social disorganization theory in explaining violence, the role of official supervision (police) has also been the focus of researchers. The quantity and quality of police activities in the neighborhood can greatly affect the crime rate. Poor neighborhoods usually receive less security due to the presence of the police, which can be deduced from the data related to their complaints from the police. Therefore, in this theory, the role of formal and informal controls in relation to the irregularities prevailing in residential areas is studied in order to predict violence (Kobrin and Reuters, 2013: 382)

Research model :

In fact, the research model is designed based on what is obtained from the research theories and background. The independent variables in the current research include formal control, informal control, social disorder, physical disorder and income, and violence as a dependent variable has three components: feeling towards violence, attitude towards violence and violent behavior.



Of

- 4- There is a significant relationship between informal control and violence against nurses in Tehran hospitals.
- 5- There is a significant relationship between social disorder and violence against nurses in Tehran hospitals.
- 6- There is a significant relationship between physical disorder and violence against nurses in Tehran hospitals.
- 7- There is a significant relationship between demographic variables and the level of violence against nurses in Tehran hospitals.

research method :

The intended research method is based on practical purpose and the type of data collection is descriptive, survey and correlation. In this research, the factors affecting violence against nurses are investigated. The independent variables of the research include: "religiosity", "income status", "official control", "informal control", "social disorder", "physical disorder" and "demographic variables" which decrease or increase these variables. It can cause social violence (as a dependent variable of the research). The statistical population of the research is all the visitors

ficial control is the fear of people (applicants to hospitals) from law enforcement and courts, etc. in the hospital environment.

Informal control is a kind of adherence to ethics with regard to the social position and dignity of people (visitors to hospitals) in case of violence; It is also the fear of others' eyebrows and stigma, as well as people's resistance to violence.

Social disorder means the feeling that people (visitors to hospitals) have when facing nurses and hospital staff. Feelings such as not taking care of patients, not responding, etc.

Physical disorder means the lack of facilities and medicine, etc., or the lack of identification of parts, and the lack of clear guidance, etc.

Research hypotheses

- 1- There is a significant relationship between religiosity and violence against nurses in Tehran hospitals.
- 2- There is a significant relationship between income and violence against nurses in Tehran hospitals.
- 3- There is a significant relationship between official control and violence against nurses in Tehran hospitals.

chosen as places to distribute questionnaires. In the selection of the samples, it was preferred to include all kinds of people as much as possible, considering the statistical population (age 15 to 40 years) in terms of sexuality, education level, economic status, etc.

Operational definition of research variables

Table (1) shows the variables examined in the research along with their specifications and how they are measured.

to the hospitals of Tehran city, considering that statistics of their population are not available, it has been tried to consider their maximum, that is, the entire young population of Tehran city (from 15 to 40 years old).

Because people at this age have more violent behavior. The basis of the available statistics is the total number of citizens of this city, which are equal to 486,152 people based on the official statistics of the 1400 census. Therefore, based on the population of the city, based on Cochran's formula, 384 people were selected as a sample to distribute the questionnaire. Hospitals were

Table (1): The variables examined in the research along with their specifications and how to measure them

How to measure	Measurement scale	Variable type	The role of variables in research	variable title
The score that a person gets by completing the violence questionnaire	relative	Quantitative and continuous relative	Dependent	Violence
The score that a person gets by completing the religiosity questionnaire	relative	Quantitative and continuous relative	Independent	religiosity
The score that a person gets by completing the physical disorder questionnaire	relative	Quantitative and continuous relative	Independent	Physical disorder
The score that a person gets by completing the social disorder questionnaire	relative	Quantitative and continuous relative	Independent	Social disorder
The score that a person	relative	Quantitative and	Independent	Official control

officially controls by completing the questionnaire		continuous relative		
The score that a person gets by completing the informal control questionnaire	Relative	Quantitative and continuous relative	Independent	Informal control
1-Woman 2-Man	Nominal	Qualitative	contextual	sexuality
1- Married 2-Single	Nominal	Qualitative	contextual	marital status
1)Elementary and illiterate 2) Guidance 3) high school 4)Diploma 5)University	Rank	Qualitative	contextual	Education
by year	Relative	quantitative continuous	contextual	Age
Toman per month	Relative	quantitative continuous	contextual	Income status
1- working 2- Unemployed	Nominal	Qualitative	contextual	job status

Personal information, which includes questions such as age, gender, marital status, level of education, income status, job status, was used, which is discussed in detail.

Reliability and reliability of research

In this research, the validity of the research objects has been done by means of formal validity and content validity. Formal validity is based on the judgment of experts in the field. In

Because the present research is quantitative. The collection tool of this research is a questionnaire, these questionnaires were in a standard form, which means that its validity and reliability in researches such as Chamani et al. and Ahmadi and Arabi (2013) have been evaluated and confirmed. These questionnaires include "Religiosity", "Official control", "Informal control", "Social disorder", "Physical disorder" and "Social violence" questionnaires and for demographic information from the form

judges, the value of CVR for each item should not be less than 0.75. Therefore, each of the research items were acceptable for measuring the mentioned variables.

Cronbach's alpha was used to measure the reliability of the variables, and the reliability of the items was also measured using Cronbach's alpha. In fact, Cronbach's alpha was measured based on a pre-test that was conducted on 30 people who referred to Tehran hospitals. By using Cronbach's alpha, by removing items, it was aimed to increase the reliability of the items, and by removing any measure, if its alpha rises within acceptable limits, that measure has been removed. Thus, the amount of alpha of the variables "Religiosity", "Official control", "Informal control", "Social disorder" and "Physical disorder", "Social violence" and the components of each of these variables in the table (2) shown separately.

this way, the items are given to the experts of the subject under review. Until the subject of research can be measured with those items. Then, based on the answers, suitable items are selected. According to the specific, limited, and clear problem plan, and according to the continuous and continuous consultation with the supervisor and several doctoral students in sociology and management, as a result of their guidance, the researcher has tried to increase the formal validity of the research objects. In order to calculate this index, the opinions of experts in the field of the desired test content are used, and by explaining the objectives of the test to them and providing them with operational definitions related to the content of the questions, they are asked to answer each of the questions. Based on the three-part Likert spectrum, classify "the item is necessary", "the item is useful but not necessary" and "the item is not necessary". These experts included doctoral students and university professors. According to Lawshe's opinion, if there are 8

Table (2): Cronbach's alpha of independent and dependent variables and its components

Cronbach's alpha	Number of items	Component		Variable
0/871	5	Feeling violent		The dependent variable (social violence)
0/796	4	Attitude to violence		
0/820	4	Violent behavior		
0/853	13	total		
0/715	7	Belief	religiosity	Independent variables
0/692	7	Rituals		
0/701	6	Experimental		
0/738	6	consequence		

0/726	26	Total	
0/749	7	Physical disorder	
0/781	9	Social disorder	
0/670	6	Official control	
0/703	6	Informal control	

software. By entering the questionnaire information into spss, the hypotheses will be tested through the mentioned tests. Frequency distribution of respondents according to education level

To evaluate and check the description of the variables from mode statistics, median, mean, standard deviation, etc. and to test hypotheses, Pearson's test and multivariate regression are performed using spss

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Table (3): Frequency distribution of respondents according to education level

Cumulative frequency percentage	Frequency	Abundance	Level of Education
2.1	2.1	8	Elementary and illiterate
4.2	2.1	8	Guidance
29.2	25	96	High school
87.5	58.3	224	Diploma
100	12.5	48	University
-	100	384	Total

-The condition of research samples in terms of age

Table (4): frequency distribution of respondents according to age

Average	Variable age indicators
28.1	mean
28	Median
30	mode
7.3	standard deviation
53.9	Variance
15	at least
40	Maximum

-Distribution of samples according to sexuality status

Table (5): Status of research samples in terms of sexuality status

The cumulative percentage	percentage	Frequency	sexuality
61.1	61.1	235	Man
100	38.9	149	Woman
	100	384	Total

-Distribution of samples according to marital status

Table (6): Status of research samples in terms of marital status

The cumulative percentage	percentage	Frequency	marital status
53.3	53.3	205	Single

100	46.6	179	Married
	100	384	Total

-The status of research samples in terms of family income

Table (7): Status of research samples in terms of family income

Amount (in Tomans)	Variable indicators of family income
20 million four hundred and 70 thousand	Mean
15 million 2 hundred thousand	Median
20 million tomans	Mode
18488200	standard deviation
5000000	At least
150 million	Maximum

-The status of the research samples in terms of the individual's income

Table (8): Status of research samples in terms of individual income

Amount (in Tomans)	Variable indicators of the individual's income
8580000	Mean
10 million tomans	Median
No income (0 rials)	Mode
7614250	standard deviation
No income	At least
70 million tomans	Maximum

-The status of the research samples in terms of being employed or not employed

Table (9): Status of research samples in terms of occupation

The cumulative percentage	percentage	Frequency	type of employment
76.6	76.6	294	Employed
100	23.4	88	non-employed
-	100	384	Total

-The status of the research samples in terms of the number of family members

Table (10): The status of the research samples in terms of the number of family members

The cumulative percentage	percentage	Frequency	Number of family members
31.2	31.2	120	family with two members
65.4	34.4	132	family with three members
82.9	17.5	56	family with four members
97.1	14.02	54	family with five members
99.7	2.9	11	Family of more than 5 people
-	100	384	Total

Frequency distribution of independent and dependent variables

In fact, for a general description of the distribution of each of the research variables, the measures of each of the independent and dependent variables were placed at the distance measurement level using spss and the compute variable command. In table (11), the distribution related to mean, mode, median, standard deviation, minimum and maximum is stated.

- In the present study, the variable "social violence" is coded in 13 items and three components of behavioral violence, feeling of violence, attitude towards violence and each item is coded in 5 answers with codes 1 to 5. In fact, the range of change of this variable is between 15 and 62 points, the closer to 62 points, it indicates more social violence, and the closer it is to 15, it indicates low social violence. In fact, other details of this variable are described in table (11).

" -Religiosity" variable as one of the dependent variables of the research with 26 items and 4 belief, ritual, experimental and consequence components, each item is coded in 5 answers with codes 1 to 5. In fact, a high score indicates high religiosity, and a low score indicates less religiosity. The findings show that the variable "Religiosity" has an average score of 69.6, which indicates a high degree of religiosity.

- The variable of physical disorder has also been measured in the form of 7 items, all of which were defined in 5 spectrums, coded from 1 to 5. In fact, the average of this variable was 25.9 points and it was at a high level. In fact, the mean, mode and standard deviation of each of its items are described in table (11).

The variable of social disorder has also been measured in the form of 9 items, all of which were defined in 5 spectrums, coded from 1 to 5. In fact, the average of this variable was 25.9 points and at a high level, the minimum score of the respondents was 9 and the maximum score was 25. In fact, the mean, mode and

standard deviation of each of its items are described in table (11).

- The "official control" variable is one of the dependent variables of the research with 6 items and each item is coded with 1 to 5 codes in 5 responses. In fact, a high score indicates high formal control, and a low score indicates less formal control. The findings indicate that the "official control" variable was 20.4 points on average, and the minimum score of the samples was 9 and the maximum score was 30, which indicates the average level of official control.

-The "informal control" variable is one of the dependent variables of the research with 6 items

and each item is coded in 5 answers with codes 1 to 5. In fact, a high score indicates high informal control, and a low score indicates less informal control. The findings indicate that the "informal control" variable had an average of 20.4 points, which indicates the level of official control in the average range, and the minimum number of samples is 8 and the maximum number is 29.

In general, other independent variables of social disorder, formal control and informal control are also distributed in Table (11)

Table (11): Distribution of distance measurement parameters of independent and dependent variables

Maximum	at least	Standard deviation	mode	median	Condition	Mean	Number of items	Independent and dependent variable components		
35	12	6.3	28	28	Top	25.5	7	Belief	Religiosity	Independent variables
35	13	6.8	27	28	Top	26.3	7	Rituals		
30	7	5.03	23	23	Top	21.5	6	Experimental		
30	8	4.6	22	21	Top	20.7	6	consequence		

130	40	16.2	96	99	Top	95	26	T o t a l		
35	8	3.1	25	25	Top	25.9	7	Physical disorder		
35	9	5.1	28	27	Top	27.3	9	Social disorder		
30	9	3.8	21	20	Med ium	20.4	6	Official control		
29	8	4.7	21	22	Med ium	20.8	6	Informal control		
25	6	4.3	19	18	Top	19.1	5	Feeling violent		The dependent variable (social violence)
18	4	3.8	16	16	Top	15.3	4	Attitude to violence		
19	5	3.6	14	15	Top	14.9	4	aggressive behavior		
62	15	11.5	49	49	Top	49.3	13	Total		

Testing research hypotheses

Table (12): Test of research hypotheses based on Pearson correlation

dependent variable (social violence)				Variable
Total	aggressi ve behavio r	Attitud e to violenc e	Feeling violent	Statistical value and significance

Statistica l value and significa nce (sig)	Statisti cal value and signific ance (sig)	Statisti cal value and signific ance (sig)	Statisti cal value and signific ance (sig)		
-.162 .014	-.065 .322	-.158 .013	-.204 .005	Belief	Religiosity
-.123 .050	-.136 .033	-.111 .084	-.127 .048	Rituals	
-.070 .277	-.134 .034	-.052 .419	-.119 .063	Experimental	
-.107 .097	-.056 .381	-.068 .332	-.122 .055	consequence	
-.139 .036	-.078 .221	-.116 .071	-.232 .000	Total	
.218 .001	.255 .000	.141 .028	.165 .011	Physical disorder	
.392 .000	.428 .000	.354 .000	.323 .000	Social disorder	
-.213 .001	-.323 .000	-.080 .212	-.071 .269	Informal control	
-.376 .000	-.274 .000	-.301 .000	-.227 .000	Official control	

1) Hypothesis 1: There is a significant relationship between religiosity and violence against nurses in Tehran hospitals.

Using Pearson's correlation, this hypothesis has been tested according to what is stated in table (12). This test shows that the relationship between religiosity and violence with a rate of 0.13 at the confidence level of 0.95 has an inverse and negative significant relationship, in the sense that as religiosity increases, violence decreases, so this hypothesis of The research has been confirmed. But for further scrutiny, a significant relationship has been obtained regarding the components of both variables. In fact, the belief dimension of religiosity, which is mostly individual beliefs and faith, is considered an important variable in reducing violence, also the ritual dimension has a significant relationship at the level of 0.95, but

its empirical and consequential dimension lacks a relationship with violence. Is.

In fact, religiosity has a significant relationship with feeling towards violence at the confidence level of 0.99, but religiosity has no significant effect on the attitude towards violence and violent behavior. Therefore, religiosity as a feeling has prevented violence..

2) Hypothesis two: There is a significant relationship between income and violence against nurses in Tehran hospitals.

Using Pearson's correlation, this hypothesis has been tested according to what is stated in table (12). This test shows that income has no effect on violence in general, but carefully in the components of violence, it points out that high-income people have less violent behavior, but in terms of attitudes towards violence and

violent feelings. They are no different from low-income people.

3) Hypothesis three: There is a significant relationship between informal control and violence against nurses in Tehran hospitals.

The Pearson correlation test shows that there is a significant relationship between informal control and violence with a level of -0.21 at the confidence level of 0.99. This relationship is inverse and negative, that is, with the increase of informal control, Violence decreases. But this reduction of violence was only in the behavioral and practical dimension of violence. In fact, informal control did not have an effect on people's feelings and violent attitudes, but in general, this hypothesis was confirmed by the research.

4) Hypothesis four: There is a significant relationship between official control and violence against nurses in Tehran hospitals.

This hypothesis, like other research hypotheses, was tested based on Pearson's correlation test, and like informal control, formal control also has an inverse and significant relationship (0.27 correlation level) at the 0.99 confidence level. That is, with formal control, violence is reduced, but unlike informal control, which was the only important variable on violent behaviors, formal control was an important variable for reducing violent feelings and thoughts, as well as violent behavior and actions at the 0.99 confidence level. Is.

5) Hypothesis five: There is a significant relationship between social disorder and violence against nurses in Tehran hospitals.

This hypothesis has been tested using Pearson's correlation. This test shows that there is a significant relationship between social disorder and violence at the confidence level of 0.99 with 0.39. That is, social disorganization has been an important and basic factor in the violence of patients in Tehran hospitals, in fact, social disorganization has been influential in each of the dimensions of violence such as violent behavior, violent attitudes, and violent feelings at the level of 0.99.

6) Hypothesis six: There is a significant relationship between physical disorder and violence against nurses in Tehran hospitals.

Pearson's correlation test shows that there is a significant relationship between physical disorder and violence with a level of -0.21 at the confidence level of 0.99. This relationship is inverse and negative, that is, with increasing disorder. Physically, violence is reduced. And this reduction of violence in all three behavioral, attitudinal and emotional dimensions has been significant at the confidence level of 0.95 and 0.99, therefore environmental disorder has been an important factor in the violence of patients in Tehran hospitals.

7) Hypothesis Seven: There is a significant relationship between demographic variables and the level of violence against nurses in Tehran hospitals.

This hypothesis is examined in the form of table (13)

Table (13): Relationship between demographic variables and violence

The level of violence		Variable		
significance (sig)	The value of the statistic	Test type	Statistical value and significance	
0.006	2.92	T TEST	Being employed or unemployed	

0.490	0.035	Pearson	Number of family members	
0.099	-0.084	Pearson	family income	
0.024	-0.115	Pearson	The amount of the person's income	
0.004	-2.87	T TEST	sexuality	Demographic variables
0.77	-0.29	T TEST	Marital status	
0.003	-0.149	Pearson	Age	
0.000	-0.225	Tawbee Kendall	Education	

This hypothesis should be adjusted, because all demographic variables (age, income, number of family members, marital status, sex, education) did not have a significant effect. But regarding other variables, it should be noted that:

:The difference between working and non-working people according to violence-

According to Table (13), a significant difference has been observed in terms of violence between working and non-working people based on the T test. In fact, working people were less violent than non-working people with an average of 2.9 points, which was significant at the confidence level of 0.99.

The relationship between the number of family members and violence :-

According to table (13) and based on the results of Pearson test, the number of family members has no effect on the level of violence. Because its error rate was more than 0.05, so it is not significant.

:The relationship between family income and violence -

According to Table (13) and based on the results of the Pearson test, family income has no effect on the level of violence. Because it is not significant at the level of 0.99 and 0.95.

:The relationship between a person's income and violence-

Based on table (13) and based on Pearson's correlation test, the amount of income of a person has a significant effect on violence at the 0.95 level of confidence with a correlation level of 11%. As a person's income increases, violence has decreased, that is, there has been an inverse relationship between violence and a person's income.

:The difference between men and women in terms of violence -

According to Table (13), a significant difference has been observed between men and women based on the T test in terms of violence. That is, men were more violent than women with an average of 2.8 points, which was significant at the confidence level of 0.99..

: -The relationship between the education level of the head of the family and violence

Based on Table (13) and based on the Tauby-Kendall test, the level of education is one of the most important variables that has a significant effect on the role of violence at the 0.99 confidence level with a 22% correlation. As education increases, violence has decreased, that is, there has been an inverse relationship between violence and education.

The difference between married and single people in terms of violence :-

According to Table (13), no significant difference was observed between married and single people in terms of violence based on the T test. That is, unmarried people were more violent than married people with an average score of 0.28, which is not significant.

-The relationship between age and violence :

According to table (13) and based on Pearson's correlation test, there was a significant relationship between age and violence at the 0.99 confidence level with a relationship rate of 14%, but this relationship was inverse. That is, with age, violence has decreased.

Multivariate regression around the factors affecting the tendency to violence

According to the test of the hypotheses, it can be said that all the hypotheses of the research have been confirmed, except for the hypothesis that "there is a significant relationship between income and violence against nurses in Tehran hospitals", other hypotheses have been confirmed. That is, in fact, formal control, informal control, social disorder, physical disorder, and religiosity have a significant effect. In the following, in order to explain the independent variables based on the multivariate regression, social violence is analyzed and scrutinized, but it is necessary to calculate the demographic variables that are at the level of distance measurement in the regression

equation, which will also be discussed in the following to be.

Therefore, the effects of the variables "official control", "informal control", "social disorder", "physical disorder", "religiosity", "income", "age" and "education" on "social violence" were also analyzed through regression. Multiple is explained in the form of table (14).

- The multiple correlation coefficient (R) of the social violence variable in a linear combination with the entered (independent) variables in the equation is equal to 0.739 (Table 14).

- The determination coefficient (R²) of the result, which shows the explanatory power of 8 independent variables, is equal to 0.546 (Table 14).

- The adjusted coefficient of determination (R².adj) is also reported as 0.536. That is, in fact, about 0.536% of the variance of the social violence variable is explained and justified by the variables "informal control", "social disorder", "physical disorder", "education", "formal control". And the remaining 46.4 percent belongs to the variables that are not included in the research (Table 15).

The explained regression model is also linear and significant according to the scatter analysis test; Because the value of the F test to determine the significance of the effect of independent variables on social violence is equal to 56.3 with a 99% confidence level.

Table (14): Multiple regression test on the explanation of social violence

Significance level (sig)	The standard error (S.E)	F	Adjusted coefficient of determination R ² adj	Coefficient of determination (R ²)	The correlation coefficient (R)
0.000	11.42	56.38	0.536	0.546	0.739

- The value of unstandardized coefficients (b): the obtained results show that the regression coefficient of the "social disorder" variable is equal to 1.82, the "official control" variable is equal to 1.75, and the "physical disorder" variable is equal to 1.58 1, the variable "informal control"

was equal to 0.208 and finally "education" was equal to 0.807.

- Value of standard coefficients (beta): the completed form is b. Because the average and range of their changes are different. But in beta, the mean and range of constant changes are considered for all variables.

The value (beta) of the standard coefficients of the variable "social disorder" is equal to 0.270, the variable "formal control" is equal to 0.211, the variable "physical disorder" is equal to 0.202, the variable "informal control" is equal to 0.83 0 and finally "education" was equal to 0.082. However, the three

variables that are not significant at the 95 and 99 percent level are "age", "religiosity" and "income", which were eliminated in the model in a step-by-step method. Also, the standard error rate and t-test and the significance of each of the effective variables are stated in table (15).

Table (15): Coefficients of independent variables in the regression equation

meanin gful (Sig)	the amount of t	Standardize d coefficient	raw coefficients		Independent variables	
		Beta	Std.Error	B		
0.104	-1.62	-	9.14	-14.8	Constant	Priority
0.000	5.99	0.270	0.304	1.82	Social disorder	1
0.000	4.87	0.211	0.360	1.75	Official control	2
0.000	5.000	0.202	0.318	1.58	Physical disorder	3
0.024	2.25	0.083	0.092	0.208	Informal control	4
0.032	2.14	0.082	0.376	0.807	education	5
0.575	0.565	0.053	0.067	0.038	age	6
0.290	1.06	0.069	0.062	0.065	religiosity	7
0.692	0.396	0.034	0.049	0.020	income	8

In fact, based on the value of standard (beta) and non-standard (b) coefficients, the priority of the variables in terms of impact on violence was determined according to table (15), which respectively, the important and fundamental variables affecting violence are: social disorder, Official control, physical disorder, informal control and finally education.

Conclusion

In fact, the hypothesis that "there is a significant relationship between religiosity and violence against nurses in Tehran hospitals". Using Pearson's correlation, it has a significant inverse and negative relationship, in the sense that violence decreases as religiosity increases. But

for further scrutiny, a significant relationship has been obtained regarding the components of both variables. In fact, the belief dimension of religiosity, which is mostly individual beliefs and faith, is considered an important variable in reducing violence, also the ritual dimension has a significant relationship at the level of 0.95, but its empirical and consequential dimension lacks a relationship with violence. Is.

In fact, religiosity has a significant relationship with feeling towards violence at the confidence level of 0.99, but religiosity has no significant effect on the attitude towards violence and violent behavior. Therefore, religiosity has become more of a feeling that prevents

violence, which confirms Hirschi's hypothesis, because in his opinion, the link between a person and religion becomes a factor in believing in moral legitimacy, and a person's religious beliefs are also affected by the link with the school, family and society. With the loosening of these links, the intensity of beliefs decreases.

Also, in line with the research findings of Ahmadi and others (2013), this research hypothesis that "there is a significant relationship between income and violence against nurses in hospitals in Tehran" has been rejected, but it points to this point carefully in the components of violence. It turns out that high-income people have less violent behavior, but in terms of attitudes towards violence and violent feelings, they are not different from low-income people.

This hypothesis that "there is a significant relationship between official control and violence against nurses in hospitals in Tehran" was confirmed in line with Khorasgani and Hemmati (2008), Shahdad Khajeh Asgari and Zanzanizadeh Azazi (2008). In fact, with the increase of official control, violence decreases. But this reduction of violence was only in the behavioral and practical aspect of violence, in fact, official control did not have an effect on people's feelings and violent attitudes. As Hirschi believes, he considers crime to be the result of the failure of the social controls of each individual.

In his opinion, social control including direct controls applied through deterrent tools and punishments, internal control or what is called conscience, indirect control related to the appearance and behavior of parents and others are also legitimate and acceptable tools. Availability includes the satisfaction of needs. Also, with informal control, violence is reduced, but unlike formal control, which has been the only important variable on violent behaviors, informal control has been an important variable for reducing violent feelings and thoughts, as well as violent behavior and actions.

In fact, the role of informal control on crime confirms Durkheim's approach and Hirschi's theory of social control. According to this theory, violence occurs when an individual's ties to the community weaken or disappear altogether (Meshkati, 1381: 11). According to this theory, the degree of acceptance of society's values and norms by individuals depends on their connection with the social system (in the solidarity of people and medical staff).

In line with Robinson et al. (2013) and Hinkel (2015), and also by using Pearson's correlation, it has been confirmed that "there is a significant relationship between social disorder and violence against nurses in Tehran hospitals" and also in line with Siraj Zadeh and Gilani (1388) concluded that "there is a significant relationship between physical disorder and violence against nurses in Tehran hospitals". In fact, social disorder and physical disorder confirm the theory of broken windows, because according to this theory, the structure of neighborhoods and hospitals, as well as their way of dealing, which expresses the state of physical and social order, determines violence.

In general, what was obtained from the results of the research, in fact, about 0.536% of the variance of the variable of social violence, in the order of priority, by the variables of "social disorder", "formal control", "physical disorder", "informal control" And "education" has been explained, the result of which is a seal of approval on Durkheim's theory, the broken window and Hirsch's theory of social control.

In some hospitals, this violence is more evident. It is necessary to identify these hospitals and examine the physical characteristics and characteristics of the employees as well as the residents of these areas. Cameras and the connection of cameras and warning signs to the police can reduce violence. Connecting hospital staff with television and virtual space, as well as with education, is another solution that can be fruitful in reducing violence in society.

For example, in order to control violence against medical staff, education should include discussions in their books and textbooks, and by inviting counselors, speakers, showing films,

distributing pamphlets and advertising brochures, holding joint meetings of medical staff with knowledge. Students and experts in identifying the duties of nurses and raising awareness and tolerance in hospitals are effective in reducing the impact of violence. In recent years, due to Corona and the importance of the treatment and nursing sector, it was very important to repeatedly reproduce this sacrifice and talk about the importance of communication with nurses.

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