

Investigation of violence against emergency nurses in a referral university hospital in Southern Iran

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ABSTRACT

Introduction: Today, the incidence of violence such as verbal violence physical violence, including battering, sexual harassment is defined conflicts, especially in work environments around the world. The aim of this study was to investigate violence against emergency department nurses of Shahid Mohammadi hospital in Bandar Abbas.

Methods: This study was a cross - sectional descriptive study which was conducted in 2012-2013, the population of nurses in the emergency department of shahid Mohammadi hospital, with at least one year of work experience ranging from formal contracts and are recruiting in all of them (88 women and 13 men) were enrolled in this study. The researcher made questionnaire including open and closed questions was used for data collection. By using SPSS software, Chi-Square test was used for statistical analysis.

Results: Verbal abuse, threat and physical violence had the highest prevalence of violence. Night shift work, lack of police intervention, long-term care services, the main risk factors for violence are the most violent patients, and the shift is 7 nights to 12 nights. In the majority of cases (94%), nurses were not well trained on how deal with violence and also report an incident.

Conclusion: In this study, the prevalence of violence over a period of one year, which is higher than the foreign studies of the consideration and study. Hence a proper and comprehensive research, prevention programs, such as raising the general culture, involvement of nurses with higher responsibility and high-speed action in emergencies, the sensitizing concerned authorities with the aim of reducing violence, is necessary.

Key words: Workplace Violence – Emergency - Nurses

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Introduction:

Violence is defined by behaviors like insults and contempts, harassment, batter, sexual conflicts or any occurrence in which a person is threatened by another one (1).

Work place violence, is a kind of violence in which individuals are exposed to it due to their work and occurs in work place including health-treatment centers (3).

So that violent treatments and violence against treatment department is a known phenomenon studied and analyzed in developed countries. Various studies generally consider workplace violence as verbal, physical and sexual harassment (4).

Health centers specially emergency departments due to a great number of clients are one of the most common places to present various violences.

Nurses are the first individuals facing the patients, they are exposed to most different violences.

Bullying physical violence and sexual harassment are the most prevalent violences against nurses (5-7).

Various studies in UK show that verbal violence is the most prevalent and state that their permanence has very harmful effects like insomnia, fear and anxiety (8). Also, another study in one of the large training hospitals in Australia indicate that 95% of nurses have experienced verbal violence and 80% experienced physical violence. Emergency nurses and emergency treatment journals have posed that nurses in emergency departments in confrontation with verbal and physical violences and sexual harassment have the most percent among hospital different parts (9).

A general analysis shows that there are a lot of international documents about violence against nurses in emergency departments, shooting and death, threatening with hot weapon, threatening with knife, physical violence and damages.

There are numerous predisposing factors in presenting various violences, the patients and related cases including taking drugs or alcohol, mental state, cerebral organic syndroms as the most prevalent factors of violence presentation from the patients as well as he cases related to environment and hospital such as long waiting time, lack of suitable and standard waiting room, Lack of skillful personnel to consult and guide the patients, lack of nurse staffs and too much work load (9).

Unfortunately due to appropriate reporting loss, the exact and effective factors in creating violence can be determined hardly.

In emergency nurses paper as the dark aspects of nursery mentioned that nurses know the hospital violences as a part of their careers.

Another study shows that nurses report just 50% of violent events (11). which is due to nurses unawareness of reporting system in hospitals. Also, clinical nurses journal (2010) writes that 3.4 nurses are exposed to violence but only 1.6 of them report it, because according to Dr. Chiemans expressions from Australia: nurses consider violence as a part of their jobs (12).

Different studies (2010) in USA have reported similar results to Dr. Chiemans. However, emergency nursing association (ENA) did not agree with the theories a few years ago, ENA (2006) has declared that health and treatment organization are responsible for preparing a safe environment for its employees.

Even ENA in the article of dark aspects of a job pose that in addition to using security forces and respecting all safety orders, training all personnels to report violences is need (13).

Nursing international congress (2010) considers emergency department as the most common place to hospital violence (14) and observations indicate that nursing workplace is a environment and show that nurses are exposed to violence and attack in workplace more than other jobs and various supportive laws like pensilvania and California laws have been laid down to support nurses professionally.

Unfortunately still in USA, violence against a teacher, bus driver and a federal prisoner are considered crime but a violent treatment against nurses is just considered a felonious action (15).

And based on these unfair treatments, Domanson, ENA manager, violence in emergency departments has been declared a priority in managerial year in 2007 (13).

Studies show that violence against nurses is done more by four groups of patients companions, physicians and hospital management.

According to various studies in different countries consisting USA (15,16), Canada (17), Sudan (18), UK (9) and Australia (2,19), all have agreement that workplace violences is the main nursing problem world wide, but unfortunately three are not sufficient and considerable studies to determine the actual level of violence and its impacts on nurses (2).

For example there is no research in management and health-safety journals between 1995-2000 and various articles in 2006 and 2007 have just analyzed the kind of violent behaviour against nurses and the rise of its prevalence (20,21).

In Iran, A limited number of studies about workplace violence have been done like studies by Sheikhzadi (24).

Also, a similar investigation by Dr. Sheikh Azadi et al following a past study about analyzing the violence against coroners. including 86% verbal violence, 6.6% physical violence without injury and 5.7% violent physical treatment with injury and 57% of researchers have posed and expressed that violence is rising and 23.5% expressed that these violences have a determinant role in their lives (23). And the noticeable and practical steps are done (24).

It is evident that presenting violence is developing all over the world and these violences can affect nurses in treatment sections specially emergency departments including lack of self-confidence and anger (2,5), anxiety and fear, lessening the occupational action and depression (24), decreasing output and profitability and wasting a great amount of time worldwide (25).

So based on the reasons like a low reporting rate and the lack of a proper official and pursuing system, the actual presentation rate of various violences are unknown, and even there are not collective reports and researches in this field, but due to the high frequencies and importance of the topic, studying and analyzing is very essential and demands a lot of attention, so that ignorance not only affects psycho-health factor and treatment personnel function (25), but also leads to reduce output and profitability (7) and to lessen the health and treatment index in society. This study analyzes various violences against nurses in emergency department of Shahid Mohammadi hospital in Bandar Abbas.

Methods:

This cross-sectional descriptive study has been done in 2012-2013, a questionnaire was codified to collect data after analyzing previous texts and articles, the first part included demographic data like gender, age, job, education duration, in the second part there were some open-ended and close-ended questions about kind, time, place, factor and violence and also several short answers, open-ended questions like authorities reaction against violence, and the result of judicial scrutiny

were designed to receive nurses opinions in their occupational view, and after polling coroners and social physicians to analyze the questionnaire reliability as pilot.

It was distributed among 15 nurses and the questionnaire reliability was confirmed by some changes.

The questionnaires, after oral explanations among the desirable population (the nurses exposed to violence over past a year) and in emergency department of Shahid Mohammadi hospital including emergency, internal emergency operation sections were distributed and then filled questionnaires collected and analyzed.

To analyze data, the statistical software SPSS 17 is used in descriptive level, classifying data and calculating frequency percent and Chi-Square test is used in analytical level due to qualitative measurement scale to assure the importance of data discrepancy.

Results:

In this study 101 nurses, 88 females and 13 males, were analyzed. 87% studied nurses were in the female group, the average age of all studied subject, were 30.93 ± 6.25 and female average age was lower than males with significant difference.

mean of occupation duration in nurses was 6.94 years.

All studied nurses were exposed to violence over past year with the least violence and verbal threat.

There was no difference in terms of time of violence (shift) in half of the cases and the most violence rate was between 7-12 at night in another half.

Verbal violence, verbal threat, practical threat, threat by tool, physical violence, and violence to objects were the most frequent violences. The findings show verbal violence in all cases, 8 cases of threat by personal tools, 7 cases in physical contact and 16 cases in violence to object are reported (Table 1).

Table 1. The number and the percent of violences based on nurse gender

Violence aspects	Male			Female		
	Number	Proportion percent to all cases in every kind of violence	Proportion percent to all studied male nurses	Number	Proportion percent to all cases in every kind of violence	Proportion percent to all studied female nurses
Only verbal violence	3	5.66	25	50	94.33	86.17
Verbal threat	8	19.51	66.6	33	80.48	37.7
Scientific threat	1	9.09	8.3	10	90.9	11.2
Threat by tools	1	12.5	8.3	7	87.5	7.8
Physical contact	3	42.8	25	4	57.1	4.4
Transmitting violence to objects	3	18.7	35	13	81.25	14.6

Table 2. Frequency and relative frequency of probable reasons about violence emergency nurses

Proble reason	Frequency	Relative frequency
Prescribed drug effect	3	3
Addiction to drugs	3	5.9
Drinking	4	4
Psychiatric	1	1
Cerebral organic injury	1	1
Inability in facing the present conditions	3	3
Longterm waiting to receive services	10	9.9
Finacial inability	3	3
Requesting paravlinical tests or further consultation	3	2
Undesirable physical conditions	1	1
Louck of suitable possibilities	1	1
Inappropriat personnel behaviour	9	8.9
No early intervention of police	17	16.83
A combination of above reasons	43	39.47

In most cases, violence reasons (about 40%) have a role in occurring violence as a combination of different factors and in one-reason cases, The most reasons consisted of the lack of punctual intervention of the security force.

Other reasons included long waiting to receive services and inappropriate personnel treatment respectively (Table 2).

The findings showed that hospital authorities were not informed about 7% cases of violence in other cases, mediating to solve the problem, indifference and suggestion to calm are reported and even in 9.9% cases, violence factors have been supported.

11% of the cases were referred to judicial references in which the problem has been solved in agreement in more than 50% cases and only in one case, 1% cases have been treated seriously (Table 3).

Table 3. Frequency and relative frequency of hospital authorities when presenting violence to emergency nurses

Reaction kind	Frequency	Relative frequency
Mediating for solving probls	31	30.7
Careless behaviour	1	1
Indifference	25	24.8
Suggustion to peace	18	17.8
Supporting violence factor	1	9.9
Doing responsibility only for the task	3	3
To refer to	2	2
Informing police	4	4
Noreponse to desired question	7	6.9
Total	101	100

Conclusion:

In respect to applied violence against nurses, 94.33 percent of violence have been verbal, and the most violence factors have been patient Companions. In patient Companion issue, patient's family nervousness due to patient condition and fear of unawareness and lack of knowing and anger of family members regarding environment and public health systems condition have been mentioned as the next risk factors (10) nurses journal, the patient's friends and relatives have been mentioned as a large source of violence, aggression and attack to nurses (5). Dan Feld has also expressed that in some articles, physical violence by the patient family members is noticeable, but according to his results, the most prevalent source of verbal and physical source against nurses are the patients themselves which this conclusion is different from this research result (16). This distinction might have been due to higher sample volume to this research.

In half of the cases of physical violence about 6% of the total cases, physical damage was existed, too. Almost in 11% cases, room equipment's were damaged.

In this research, physical violence has been mentioned 6 in a rang of 1-11% by doctors in 2000 and they are Compatible in this respect. But in other studies, physical violence against nurses such as a case by karter , invasion against nurses in 2000 and Fisher's and Ericson's papers have been discussed (2,7,15) which the results of those studies and don fold articles and a study in Australia are more than the rate of these results (16,5). This kind of violence has been reported in 31%, 690 nurses in emergency department over six months by Don Feld, while 80% physical violence in Australia's study obtained from study results in sections expect emergency and psychological patients are distinct from this research (20).

Regarding the result of table 1, the most violence kinds in male nurses have been verbal. Verbal Violence is in the first rank alone and physical violence and transferring violence to objects are in the next rank, while verbal violence devotes the highest percent in female nurses to itself and physical violence is in the lowest degree. Also, in various violences, female nurses have had

the most percent to total cases in the same violence kind (the total number of male and female nurses)

As it is observed in table of relative frequency about violence reasons.

In most cases, various mixed reasons have played a role in violence occurrence (about 49%) and in one-reason cases, the most probable reason is the lake of prompt security force intervention, then, long waiting to receive services, improper personnel treatment, addiction to drugs and alcohol, prescribed drug effect , inability in facing the conditions, financial inability and demanding more experiments and counsel have roles respectively which the least cases in unpleasant physical conditions. The lack of suitable feasibilities have been psychological disease and cerebral organic injury (every one 1%).

In the previous articles, different causes have been posed for occurring violence. Lack of security force intervention and then long waiting with the most percent are the components of risk factors in emergency based on professional health and national security institution (10).

The long waiting to receive services devoted the most susceptible factors related to environment and hospital. In this research the most related factors have included: alcohol, mental state, cerebral organic damages and inability in facing the tension (9) which are a low percent in this research. Of course, the sample volume in mentioned article was more than this investigation (242 people) and except the nurses, other hospital personnels were studied and one of the hospital was trauma center which might be the reason of distinction from this research. Also, in most related articles in other countries. The most important factors were alcohol drinking and then, long waiting that the difference with the research results may be due to low prevalence of alcohol drinking in society. Working late at night was mentioned one of the risk factors by professional health and national security institution in 1996 which is similar to the research in violence (9,10,26). The results of these studies like this research are based on study on emergency nurses of course in dalfond's article in 2000 studying violence no 690 emergency nurses during six months was mentioned that the most patients aggressions occurred in evening shifts (16).

Most studied nurses (69%) had not taken training course to face aggression cases during educational or occupational years.

Most mentioned articles have posed this as one of the problems in most nurses of course, in violence article against emergency nurse in 2005, the percent of untrained nurses has been less than this research (63%) which is indicative of a higher level existence of this problem in our Country. Ofcourse, in the mentioned paper, 600 subjects from personals of five hospitals have been surveyed not limited to this research, but other personnels such as physicians, assistants and reception authorities participated. In this research, authorities were not informed about 7% cases and in other cases, often mediating and later indifference from authorities to solve the problems have been reported. Advocating aggression factor has existed in 10% cases as well.

11% cases have been referred to judicial references which in over half of the cases, the problem was solved in agreement, and nurse consent was in the second priority. Confirming violence factor and taking written commitment from the violence factor and strong treatment with the violence factor were of equal relative frequency and were placed after nurse consent.

These results like the previous papers emphasize lack of reporting (10,12,25). In regard to obtained results, it seems that the reporting percent in Iran is much lower than the previous papers (50% in emergency nurse journal in 2006) (11).

Conclusion and suggestions:

Aggression in medical societies are on the rise, and most nurses are seriously involved in this problem as the first victims of violence. the existence of various aggressions is one of the main problems in nursery workplace, however, related organization have not made proper and sufficient to support or train nurses, so, for preparing nurses safety and other nursery personnels in confronting the risks, universities and other center employers should be responsible for nurses and should support them, because as we can not unreasonably accept this aggressive behaviours, we can't turn a blind eye on the decrease of nurses output and efficiency arising from such violent treatments.

Therefore, since significant policies of health, treatment and medical training ministry aims at upgrading the health level concerning social and economic aspects, the main focus is on personnel's and employees, so, knowing the problems resulting from work and effort to solve them and also to train personnel's in both during education and in-service trainings in appropriate treatment with the problems, to design properly the hospital buildings, the existence of alarm or code declaration, to train security force and to increase the number of personnel's, to guide the managers and to develop managerial skills and to raise reporting and finally all purposed physical and mental supports from nurses can lead to enhance occupational capacities along with better and more promotion in treatment-health indexes.

Also, the establishment of triage unit in the right place in emergency departments with experienced nursery personnel's via appropriate cooperation with physicians will be effective in reducing patients long waiting and the injured and providing desirable services. This study had limitations including due to avoidance of developing research range, only emergency nurses in Shahid Mohammadi hospital were considered. It is evident that by more research feasibilities in the whole hormozgan or other provinces, the more generalized and precise results will be obtained. In one side here are very demographic and cultural differences in various parts of countries. But in respect to doing this study in the south of our country, the results may not be indicative of the problem in the whole country.

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بررسی خشونت علیه پرستاران اورژانس بیمارستان شهید محمدی بندرعباس، ۱۳۹۱

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چکیده

مقدمه: امروزه بروز انواع خشونت که با مواردی چون خشونت کلامی (توهین و تحقیر)، خشونت‌های جسمی مانند ضرب و جرح، آزار و اذیت و تعارضات جنسی تعریف می‌شود، در محیط‌های کاری سراسر دنیا خصوصاً مراکز بهداشتی و درمانی روبه‌گسترش می‌باشد. بخش اورژانس بیمارستان‌ها یکی از شایع‌ترین مکان‌های بروز انواع خشونت می‌باشند. هدف این مطالعه، تعیین خشونت‌های اعمال شده علیه پرستاران اورژانس بیمارستان شهید محمدی بندرعباس می‌باشد.

روش کار: این مطالعه از نوع مقطعی - توصیفی بوده که در سال ۱۳۹۱ انجام گرفته است، جامعه آماری را پرستاران شاغل در بخش اورژانس بیمارستان شهید محمدی بندرعباس با حداقل یک سال سابقه کاری می‌باشد که تمامی آنها در این مطالعه شرکت داده شده‌اند. ابزار جمع‌آوری اطلاعات پرسشنامه محقق ساخته، شامل تعدادی سؤال باز و بسته با پاسخ کوتاه بوده که صحت آن به تأیید متخصصین روانی‌سنجی رسید. پرسشنامه‌ها به صورت حضوری پس از بیان توضیحات لازم در بین پرستاران توزیع گردید. اطلاعات حاصله با استفاده از نرم‌افزار آماری SPSS 17 و آزمون کای‌دو مورد تجزیه و تحلیل قرار گرفت.

نتایج: خشونت‌های کلامی ۱۰۰ درصد، تهدید با وسیله ۶/۹۳ درصد، خشونت جسمانی ۵/۹۴ درصد به ترتیب بیشترین شیوع انواع خشونت را داشتند. شیفت کاری شب، عدم دخالت نیروهای انتظامی، انتظار طولانی مدت جهت دریافت خدمات درمانی، از فاکتورهای اصلی خطر بروز انواع خشونت می‌باشند، بیشترین عامل خشونت همراهان بیمار و در شیفت کاری ۷ شب الی ۱۲ شب بوده است. در اکثریت موارد (۹۴ درصد)، پرستاران آموزش لازم را جهت رویارویی با خشونت نگذرانیده و ضمناً گزارش‌دهی مناسبی از حادثه انجام نداده بودند.

نتیجه‌گیری: در این مطالعه میزان شیوع بروز خشونت در طول مدت یک سال بیشتر از مطالعات خارجی می‌باشد که این مسئله قابل تأمل و بررسی است، لذا انجام تحقیقات مناسب و جامع، اجرای برنامه‌های پیشگیرانه مانند بالابردن فرهنگ عمومی، مدیریت صحیح به‌کارگیری پرستاران دارای احساس مسئولیت بیشتر و با سرعت عمل بالا در اورژانس، انجام حمایت‌های لازم مانند آموزش‌های مناسب ضمن خدمت، تدوین منشور جامع حقوق پرستاری از طرف برنامه‌ریزان ستادی حوزه وزارت با هدف کاهش انواع خشونت، لازم و ضروری می‌باشد.

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