

Prevalence and Determinants of Workplace of Verbal Violence Between Doctors and Nurses Inside the Health Care Centers in Makkah Al-Mukarramah Saudi Arabia2021

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Abstract

Background

Workplace violence against medical staff has become an endemic problem in the healthcare sector in Saudi Arabia, also no perceived main causes of workplace violence (medical staff, administrative, patients, patient's escorts and legislative) against physicians and nurses in public hospitals and primary health care centers. Emergency healthcare workers (HCWs) have a high risk of exposure to violence with negative personal consequences. Violence is an occupational hazard in hospitals. Occupational researches have gradually shifted focus from traditional, visible environmental risk factors, such as physical, chemical, biological exposure or ergonomic problems, to the invisible, psychological harm that maybe present in the workplace. For example, violence in the workplace is a possible cause of stress, and can contribute to a greater morbidity of asthma. In addition, it can lead to a shortage of health care workers and undermine the quality of health services;

Aim of the study: To assess Prevalence and Determinants of Workplace Verbal Violence between doctors and Nurses inside the health care centers in Makkah Al-Mukarramah Saudi Arabia2021 .

Method: Cross-sectional analytical study has been conducted at emergency departments (EDs), health care centers in Makkah Al-Mukarramah Saudi Arabia 2021, the total sample has been (300) doctors and nurses

Results: Regarding the age the highest age was (40.0%) were (> 35) years, (52.1%) were males. (64.0%) non-Saudi. Approximately more than half of participant married (64.0%). The majority of the participated had nurse were (62.0%), Regarding the qualification the majority of participated have Bachelor were (31.60%) followed by Resident (26.0%), shows have you ever experienced verbal violence most of participants answer No were (63.0%) while Yes (37.0%) while a significant relation was $P\text{-value} < 0.001$ χ^2 were (19.763%)

Conclusion: Workplace violence was prevalent, and verbal abuse was the commonest type among HCWs in emergency departments of hospitals. Workplace violence, a possible cause of job stress, has recently become an important concern in occupational health. Almost half of the ED physicians and nurses experienced one or more WPV incident. Encouragement to report violent incidents and raising awareness among HCWs about violence reporting systems are important strategies to improve workplace safety.

Keywords: Prevalence, Determinants, Workplace, Violence, doctors, Nurses, health care centers, Makkah.

Introduction

Workplace violence, a potential reason for work pressure, has as of late become a crucial worry in related occupational health. The prevalence of Workplace violence fluctuates with the occupational setting, as does the as does the type of violence. For national case studies conducted in Australia, Brazil and Bulgaria as a rule emergency clinics [1,2].

Medical staff has been increasingly confronted with workplace violence all over the world. Studies have reported that healthcare employees are ranked as one of the most vulnerable populations to experience workplace violence compared to other occupational groups [1]. Violence is often used synonymously with "aggression," "assault," and "hostility." In general, workplace violence refers to any behavior that involves the intentional use of physical, verbal and emotional abuse against an employee that results in physical or emotional injury [2]. The World Health Organization (WHO) indicated that violence is the purposeful utilization of power that makes dangers to people or gatherings, which may bring about injury, psychological harm, or death [3]. In the studies, the expression "violence" was frequently utilized interchangeably as "aggression" and will in general happen along a continuum from verbal to physical attacks [4] found that the yearly pervasiveness paces of physical violence (PV) went from 3% to 17%, boisterous attack (VA) 27.4% to 67%, bullying/mobbing (BM), which is characterized as a rehashed, unreasonable behavior directed toward a worker, 10.5% to 23%, sexual harassment (SH) 0.7% to 8%, and racial harassment (RH) 0.8% to 2.7% [2].

Workplace violence has important consequences to the staff within the style of physical injury, emotional distress, and diminished feelings of safety and employment satisfaction. [5] all emergency department occupations, but studies show nurses feel least safe. There are additionally critical results to the business as expenses for clinical/mental consideration, lost work days, diminished profitability, work turnover, laborer's remuneration, and litigation. [6] Violence could be verbal, physical or mental. Verbal abuse through words, way or tone, leaves the beneficiary inclination actually or professionally humiliated, attacked or devalued. [7]

Animosity might be more a lot of serious at the accident and emergency unit. Policy and methodology tending to workplace violence in the healthcare setting has been recorded in several developed countries[8] however is nearly non-presence in developing. Many violence and harassment against the health professionals go frequently unreported officially.[9,10] The Saudi Arabia government aims to provide safe, efficient, equitable and affordable health services and meet citizens' future needs. However, Saudi Arabia has hosted hundreds of thousands of refugees from neighboring countries like Iraq and Syria. Their influxes are still active, causing a considerable burden and pressure on the health system. As a result, the Saudi Arabia healthcare system encounters several challenges, such as meeting the growing expectations of the population, the presence of refugees and rising healthcare costs. In addition, the Saudi Arabia public hospitals face significant problems such as the overcrowding of patients in clinics, the shortage of physicians and nurses, the lack of adequate drugs and medical devices, the long waiting period and the short examination period [11]

Literature Review

At a university hospital, Eastern area (Khobar), Al-Shamlan et al (2017) gauges the prevalence of verbal abuse about nurses. Over a time of one year, the pervasiveness of verbal abuse was 30.7% about nursing. Greater part of them didn't report the incidents; Majority because they believed that reporting would yield no positive results. Male nurses, nurses in the emergency department, and those who indicated that there were procedures for reporting violence in their workplace were more likely to have verbal abuse.[12]

As of late in Riyadh (2017), Alharthy N and her studies group researched the prevalence of workplace violence about emergency medical services laborers. They reasoned that the prevalence of workplace violence was 65%. Concerning the type, verbal abuse was the commonest (61%). Most of the perpetrators were patients' family members relatives (80%) followed by patients themselves (51%). More youthful (<30 years), lower experienced staff (≤ 10 years) had fundamentally higher violent incidents than their partners. Reporting the incidents the occurrences to a more significant position authority was referenced by just 10% of the victims.[8]

The National Institute for Occupational Safety and Health (NIOSH) characterized workplace violence as "act or danger of violence, going verbal abuse to physical assaults directed toward people at work or on the job" [14]

In Bahrain, Rafeea F, et al (2017) completed a cross-sectional at the ED of the Bahrain Defense Force to assess frequency of violence in the workplace. Results uncovered that the most regular frequent reported type of violence in the past 12 months was verbal abuse (78%), trailed by physical abuse (11%) and sexual abuse (3%). most than half (53%) of instances of violence happened during night shifts, while physical abuse was accounted for to happen during all the shifts.

An extensive extent (40%) of the staff didn't know about the strategies against workplace violence, and 26% of the staff thought about fined employment elsewhere. The most elevated reasons of violence revealed by the staff were long holding up time and patient expectations.[15,16] However, this research's was directed in one healthcare facility which could influence the generalizability of its outcomes.

In USA, Kowalenko et al (2013) have implemented a longitudinal study to estimate the incidence and distinguish the determinants of violence in ED working staff more than nine months. The normal violence insult affront rate per individual per nine months was 4.15. Physical violence rate was 3.01 per individual. Men executed 52% of physical assaults. There was a significant difference between physicians and nurses and patient. The nurses felt less safe than the physicians. The physicians felt additional assured than the nurses in managing violence situations. The nurses were more possible to possess acute stress than the physicians.[17]

Rationale:

Globally, workplace violence toward health care workers are an area of concern based on literature review. Many of studies done showed nurses followed by physicians are at high risk of violence, and as emergency department is the point of first contact with the hospital wards health care worker, workers at ED have a high risk of workplace violence. ED workplace violence needs to be addressed urgently through continued research as up to the researchers knowledge there are few studies on workplace violence among physician and nurses Because of a lack of standardized measurement and reporting mechanisms for violence in ED settings, data are scarce particularly in Saudi Arabia.

METHODOLOGY (MATERIALS AND METHODS)

Study Design

Cross-sectional analytical study design has been adopted.

Study Area

The study has been conducted at emergency departments (EDs), in primary health care in Makkah Al-Mukarramah Saudi Arabia2021,

Study population:

All physicians and nurses working at EDs in primary health care (males and females) have been included in the study Makkah Al-Mukarramah Saudi Arabia

Eligibility Criteria

Inclusion criteria:

- All physicians and nurses working at EDs in primary health care centers.
- Male and female .
- All nationalities.

Exclusion criteria:

- No exclusion criteria.

Sample Size

Makkah is the holy city of every Muslim in the world. It is the main place of the pilgrims to perform Umrah and Hajj. Makkah is a modern city and there is a continuous working to improve the infrastructure of Makkah for the sake of both Makkah citizens and pilgrims. Also, it has 85 PHC centers under supervision of Directorate of Health Affairs of Makkah Al-Mukarramah. These centers distributed under 7 health care sectors and each sector contains around 10 – 14 primary health care centers. Three health care sectors inside Makkah Al-Mukarramah city (urban) with 37 primary health care centers underneath and four sectors are outside Makkah (rural) with 48 primary health care centers. The three healthcare sectors inside Makkah Al-Mukarramah are Al-Ka'akya with 11 primary healthcare centers, Al-Adl with 12 primary healthcare centers and Al-Zahir with 14 primary healthcare centers. the total sample has been(300) physicians and nurses.

Aim of the study: To assess Prevalence and Determinants of Workplace **Verbal** Violence between doctors and Nurses inside the health care centers in Makkah Al-Mukarramah Saudi Arabia2021

3.6 Sampling Technique

Multistage sample technique .

Stage I : Stratified sampling techniques (selection of the PHC)

primary health care centers has been divided into strata

Stage II: selection of health workers

The total number has been taken from each selected primary health care centers on proportion to sample size. Then the health workers) has been divided into two strata. Doctors and nurses .

From each stratum the sample has been calculated based on proportion to size.

3.7. Data Collection Tool

A self-administered questionnaire distributed to all working physicians and nurses in the EDs departments, primary health care centers chosen for the study. The questionnaire was mainly developed from literature review and the WHO survey questionnaire about violence in health care settings. validity has been taken by 3 consultants.

The first section of questionnaire includes demographic data of the respondents (age, gender, nationality, job title, qualification, marital status and years of experience).

The second section has been consist of questions to estimate verbal abuse , how many time ,during which shift, , reasons , outcome of violence, reported or not , if reported to whom and if not why .

The third section has been consist of questions to estimate verbal abuse , how many time ,during which shift, type and place of violence, source of violence , reasons , outcome of violence , reported or not, if reported to whom and if not why.

Data Collection Technique

The researcher has been visit the chosen EDs, primary health care centers getting official permissions to conduct the study .

They have been explaining the purpose of the study to the ED head in each setting. Then, the questionnaire has been distributed on physicians and nurses after explaining the purpose of the study and how to fill the questionnaire to them.

Data Entry and Analysis

Data has been collected, reviewed, coded and entered into the personal computer. Data has been presented in the form of frequencies and percentages. Chi-squared test (χ^2) has been used for comparing qualitative data. Other statistical tests has been applied whenever appropriate. Statistical significance has been considered at p-value ≤ 0.05 . Analysis has been done using SPSS program version 25.

Pilot Study

A pilot study on 10% of physicians and nurses in one of the non-selected hospitals has been conducted to test the feasibility of the methodology and wording of the questionnaire as well as to estimate the average time to complete it. A necessary modification has been done, based on pilot study results. Their results has been not included in the final report .

Ethical Considerations

- Approval from the Research and Ethical Committee Joint Program of Family Medicine was taken.
- Approval from the director of primary health care centers has been obtained.
- All collected data has been kept confidential and will not use except for research purposes.

Budget The research will be self-funded

Result

Table Distribution of Socio-demographic characteristics of the studied participated (Age, Gender, Marital status, Level of education) (n=300)

	N	%
Age		
<30	81	27
30-35	99	33
>35	120	40
Gender		
Female	144	48
Male	156	52
Nationality		
Non-Saudi	192	64
Saudi	108	36
Marital status		
Single	36	12
Married	192	64
Widowed	54	18

Divorced	18	6
Job title		
Doctor	114	38
Nurse	186	62
Your qualification is		
Diploma	63	21
Bachelor	93	31
Resident	81	27
Specialist	45	15
Consultant	18	6

Regarding the age the highest age was(40.0%) were(> 35) years, (52.1%)were males. (64.0%) non-Saudi. Approximately more than half of participant married(64.0%). The majority of the participated had nurse were(62.0%), Regarding the qualification the majority of participated have Bachelor were(31.60%) followed by Resident(26.0%),

Table 2 Description the estimate physical of the workplace violence.(how many time, during which shift, type and place of violence, source of violence, reasons, outcome of violence, reported or not if reported to whom and if not why) .

n=111	N	%
How often have you been verbally abused in the last 12 months?		
All the time	28	25.23
Sometimes	47	42.34
Once	36	32.43
Where did the violence occurred?		
Inside your workplace	97	87.39
Outside your workplace	3	2.70
Both	11	9.91
The last time you were verbally abused in your place of work, who verbally abused you?		
Relative	73	65.77
Patient	23	20.72
Staff member	15	13.51
The gender of the abuser was		
Female	74	66.67
Male	37	33.33
Which time did it happen?		
08.00 Am - 04.00pm	51	45.95
04.00 pm - 12.00 Am	23	20.72
12.00 Am - 08.00 Am	37	33.33
The reasons for verbal violence		
Excessive waiting time	21	18.92

shortage of staff	23	20.72
Unmet patient demands	23	20.72
poor organization of work	9	8.11
overcrowding	10	9.01
lack of security	11	9.91
Patient health condition	7	6.31
lack of patient or relative education	7	6.31
Did you report the event?		
No	80	72.07
Yes	31	27.93
If yes, to whom reported		
direct supervisor	83	74.77
head of department	13	11.71
hospital management	15	13.51
Any action taken		
No	88	79.28
Yes	23	20.72

Regarding How often have you been verbally abused in the last 12 months the participants were sometimes violence and their percentage was(42.34%). Regarding the Where did the violence occurred most of participant Inside your workplace were(87.39%)

Regarding The last time you were verbally abused in your place of work, who verbally abused you the most of participant answer relative (65.77%), Regarding The gender of the abuser most of participants Female were(66.67%) , regarding Which time did it happen most of participants shortage of staff and Unmet patient demands were 20.72%, regarding Did you report the event most of participants answer No were (72.07%) regarding If yes, to whom reported most of participants answer direct supervisor were(74.77%), regarding Any action taken most of participants answer were (79.28%)

Table 3 . Description estimate have experienced verbal to violence workplace violence

Have you ever experienced verbal violence?		
	N	%
Yes	111	37
No	189	63
Total	300	100
Chi-square	X²	19.763
	P-value	<0.001*

Table 3 shows have you ever experienced verbal violence most of participants answer No were (63.0%) while Yes (37.0%) while a significant relation were $P\text{-value} = <0.001$ X^2 were (19.763%)

Figure 1 Distribution of the estimate have experienced verbal to violence workplace

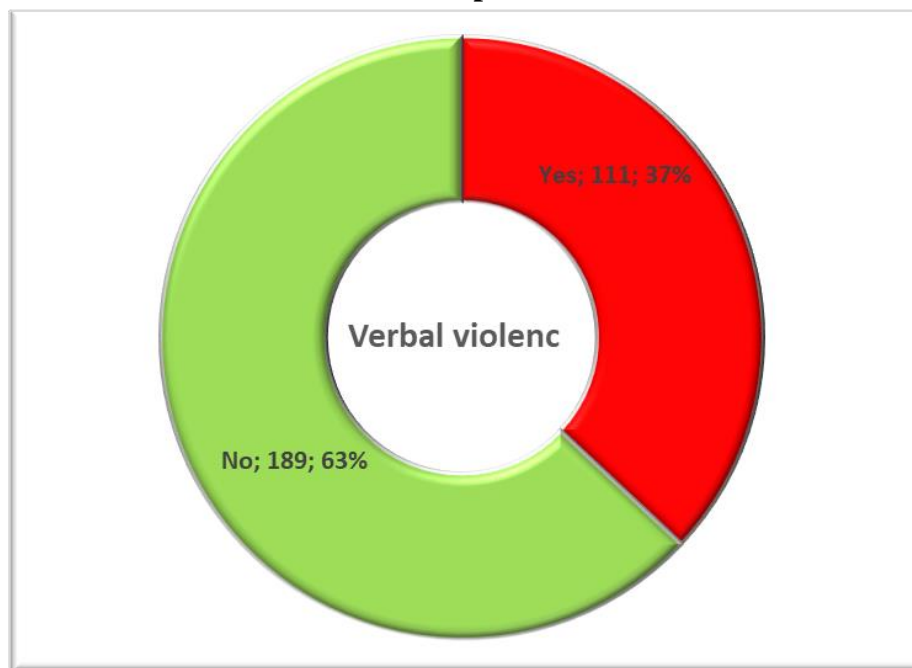


Table 5 Description of the relation between Socio-demographic data and verbal violence

		Total		verbal violence				Chi-square	
				Yes		No		X ²	P-value
		N	%	N	%	N	%		
Age	<30	81	27	75	67.57	6	3.17	164.264	<0.001*
	30-35	99	33	31	27.93	68	35.98		
	>35	120	40	5	4.50	115	60.85		
Gender	Female	144	48	32	28.83	112	59.26	25.944	<0.001*
	Male	156	52	79	71.17	77	40.74		
Nationality	Non-Saudi	192	64	20	18.02	172	91.01	161.687	<0.001*
	Saudi	108	36	91	81.98	17	8.99		
Marital status	Single	36	12	12	10.81	24	12.70	24.231	<0.001*
	Married	192	64	55	49.55	137	72.49		
	Widowed	54	18	32	28.83	22	11.64		
	Divorced	18	6	12	10.81	6	3.17		
Job title	Doctor	114	38	38	34.23	76	40.21	1.061	0.303
	Nurse	186	62	73	65.77	113	59.79		
	Diploma	63	21	51	45.95	12	6.35	73.663	<0.001*

Your qualification is	Bachelor	93	31	30	27.03	63	33.33
	Resident	81	27	12	10.81	69	36.51
	Specialist	45	15	15	13.51	30	15.87
	Consultant	18	6	3	2.70	15	7.94

Regarding age results show a significant relation between verbal violence and age were X^2 164.264 and P-value=0.001, increase (in the age<30 answer Yes were 67.57%). Gender was significantly associated with verbal violence, with violence being more frequent for men(71.17%) than Female, show a significant relation were P-value < 0.001 and X^2 25.944. Nationality was significantly associated with verbal violence were X^2 161.687 and P-value=0.001 and was more frequent for non-Saudis answer No (91.01%) than non-Saudis regarding Marital status results show a significant relation between verbal violence and Marital status were X^2 24.231 and P-value <0.001 increase in the married were (72.49%) regarding Your qualification is show a significant relation between verbal violence and Your qualification were P-value <0.001 X^2 73.663

Discussion

Workplace Violence among Physicians and Nurses at Emergency Department is a serious phenomenon that affects the patient experience as well as the quality of practice for healthcare providers. The aim of this study was to assess Prevalence and Determinants of Workplace Verbal Violence between doctors and Nurses inside the health care centers in Makkah Al-Mukarramah Saudi Arabia 2021. Our study showed that Regarding the age the highest age was (40.0%) were (> 35) years, (52.1%) were males. (64.0%) non-Saudi. Approximately more than half of participant married (64.0%). The majority of the participated had nurse were (62.0%), Regarding the qualification the majority of participated have Bachelor were (31.60%) followed by Resident (26.0%), (see Table 1)

The study showed that the prevalence of Workplace Violence was physical or verbal violence which was considerably lower than verbal violence more the violence verbal there was (80.7%) in the EDs in Ministry of Health Hospitals in, Jeddah at Saudi Arabia have you ever experienced verbal violence most of participants answer No were (63.0%) while Yes (37.0%) while a significant relation were P-value=<0.001 X^2 were (19.763%) (see Table 2,3)

However, result was closer to the prevalence of 57.5% in HCWs in 2 government hospitals and 10 primary healthcare centres in Saudi Arabia who experienced at least 1 violence incident [18] and similar to the prevalence of 45.6% among HCWs in 12 family medical centres in Riyadh [19]. Also, the results of our study are similar to a study that was conducted in KSA the findings provide evidence of a relatively high prevalence of WPV (physical, verbal, confrontations outside the workplace, or stalking), in the past 12 months against physicians and nurses working in 37 EDs (45% in total, 47% for the physician group, and 41% for the nurse group) in the three provinces in Saudi Arabia. [20]

Most studies have shown that psychological violence (especially verbal abuse) was higher than physical violence. [21,22] The number of incidents of verbal abuse was approximately 5-fold that of the number of incidents of physical violence among nurses in several EDs in Jordan [23].

which can be explained by the stress of acute illness experienced by patients and/or families at the time of the violent act. In the current study, verbal abuse in the last 12 months formed of the violent incidents, while physical violence 27.3% Several times a month but once 31.8%. Similarly, a study in Macau revealed incidents of verbal abuse (53.4%)[24]. Verbal abuse was the most common form of violence because it was easy to perpetuate and could not be controlled by any sort of security measures. [25,26] , Regarding age results show a significant relation between verbal violence and age were X^2 164.264 and P -value=0.001, increase (in the age<30 answer Yes were 67.57%). Gender was significantly associated with verbal violence, with violence being more frequent for men(71.17%) than Female, show a significant relation were P -value < 0.001 and X^2 25.944. Nationality was significantly associated with verbal violence were X^2 161.687and P -value=0.001 and was more frequent for non-Saudis answer No (91.01%) than non-Saudis regarding Marital status results show a significant relation between verbal violence and Marital status were X^2 24.231and P -value <0.001 increase in the married were (72.49%) regarding Your qualification is show a significant relation between verbal violence and Your qualification were P -value <0.001 X^2 273.663 (see table 5)Workplace violence had negative consequences on Physicians and Nurses at Emergency Department, which is supported by previous studies [27,28,29]. Hogarth et al. noted that the solution to decrease workplace violence was encouragement by management to report violent incidents and to develop preventative measures.[30]

Conclusions

Managing the consequences of violence occurring external to the ED has always been a major part of the ED staff workload. However, violence is also committed in the cubicles and hallways of the ED presenting a risk to ED staff and their well-being .

Physical or Verbal violence was the commonest type. Creation of an environment that encourages HCWs to report violent incidents and raising awareness of HCWs about violence reporting systems in EDs are recommended. Ensuring the reporting of all violent incidents and follow-up of the appropriate actions are essential. Almost half of the ED physicians and nurses experienced one or more WPV incident during a 12-month period. Physicians and nurses who are at disproportionately high risk of WPV should strengthen their stress-coping strategies and foster their level of resilience to minimize the negative psychological consequences of violence that jeopardize their psychological and mental wellbeing.

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