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Violence against healthcare workers in Hassa region, Kingdom of Saudi Arabia: Magnitude of the problem and future perspectives

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Abstract

Background: Workplace violence (WPV) towards healthcare workers in the healthcare sector has been recognized as a global problem and major public health concern. International Labor Organization (ILO), defines, WPV as, "incidents where staff are abused, threatened or assaulted in circumstances related to their work".

Objectives: To determine the prevalence and magnitude of workplace violence against health care workers in health-providing personnel in King Fahad Hospital Hofuf (KFHH) in Hassa region, Kingdom of Saudi Arabia. To identify prevalence and type of workplace violence against health workers. To identify causes of workplace violence. To check the characteristics of perpetrators (offenders).

Method: This is a descriptive cross-sectional health-facility-based research, conducted in King Fahad Hospital Hofuf in Hassa region, Kingdom of Saudi Arabia in 2021. The data was collected by self-administered questionnaire from health personnel (based on the standardized WHO/ILO questionnaire) and data was analyzed by SPSS version 20.

Results: 137 staff workers were involved in this study. Of whom, 78 (56.9%) were females and 59 (43.1%) were males. Out of all the staff, 85 (62%) were physicians, 44 (32.1%) were nurses, 5 (3.6%) were pharmacist, 1 (0.7%) was a support staff and 2 (1.4%) were miscellaneous. 22.6% of the participants stated that violence incidents have occurred to them in the last year, 51.8% stated that they haven't had violence incidents in the last year and 25.5% preferred not to answer. 22.6% of the violence victims stated that the violence was physical, 25.8% stated that it was psychological while 51.6% stated that it was sexual. 4.4% of the participants were attacked by a staff member, 4.4% by a family relative, 5.8% by the patient himself, 2.9% by the patient and patient's relatives, 1.5% by the manager or supervisor, 0.7% were attacked by an external colleague. 59.9% of the participants stated that direct physical contact happened, 38.7% stated the opposite while 1.5% did not make a statement. 33.6% of the participants said that they witnessed violence,

Conclusion: The majority of the participants stated that violence incidents have not occurred to them in the last year. Half of the violence victims stated that the violence was sexual and the majority of physical violence victims were males. Only a minority of the victims reported the incidence to their supervisors. Most of the offenders were the patients themselves

Keywords: Violence; Workplace; Healthcare workers; Prevalence

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1. Introduction

Workplace violence (WPV) towards healthcare workers in the healthcare sector has been recognized as a global problem and major public health concern (1). International Labor Organization (ILO), defines, WPV as, “incidents where staff are abused, threatened or assaulted in circumstances related to their work”. WPV is associated with several negative outcomes that may lead to absenteeism or work inefficiency or to homicide. Since WPV is still a common crime, there is a need for adequate preventive measures (2). Previous studies have shown that healthcare workers are more likely than other workers to be victims of violence or aggression. Literature and studies from various countries showed that the percentage of healthcare workers suffering WPV was as high as 50% to 88%(1). Due to the rapid spread of workplace violence in the health-care sector and its negative consequences, number of researchers have been trying to identify the determinants of workplace violence and those workers at high risk, underscoring the need for interventional programs. Previous studies have demonstrated that the consequences may affect the life and career of the workers. Stress, deterioration in the quality of the services provided, absenteeism or abandonment of work is among the consequences of WPV in the health-care sector (2). Strategies to lessen WPV could be helpful to health-care professionals and administrators to make workplaces safer (3). Recent media attention to violence in health workplaces raised the level of consciousness of health care managers, regarding the adverse effects of violence. In Saudi Arabia, negative media reports about hospitals and doctors, in the past few years, may have a role in the increase incidence of workplace violence in Saudi hospitals. Although there is much concern about this situation among stakeholders, little information is available about the magnitude and future implications of this phenomenon in Saudi Arabia. Stakeholders are definitely concerned to control the situation. It is essential to identify the magnitude of the problem in the community and document the current situation and obtaining ideas about violence against healthcare workers will help fill the knowledge gap by more solid information about their prevalence and pave the way for the required solutions, so that the health system itself remains “healthy”. So this research aimed to determine the prevalence and magnitude of workplace violence against health care workers in King Fahad hospital in Hufuf in Hasa region, Kingdom of Saudi Arabia, to identify prevalence and type of workplace violence against health workers violence in King Fahad Hospital, and to check the characteristics of perpetrators (offenders).

Material and methods

This descriptive cross-sectional health-facility-based research, conducted in King Fahad Hospital Hofuf in Hasa region, Kingdom of Saudi Arabia in 2021. The data was collected by self-administered questionnaire from health personnel (based on the standardized WHO/ILO questionnaire). The questionnaire contained the followings domains: personal data, Characteristics of work violence, type of violence, characteristic of violence and offenders and reporting Violence. Data was analyzed by SPSS version 20.

1.1. Ethical considerations

The research was conducted within the ethical supervision of Ministry of health ethical committee. Only those who consent to participate in the research following adequate explanation of aim, procedures, benefits and possible risks were included in the study. There was no penalty for refusal or participate.

2. Results

2.1. Characteristics of study population

137 staff workers were involved in this study. Of which, 78 (56.9%) were females and 59 (43.1%) were males. Out of all the staff, 85 (62%) were physicians, 44 (32.1%) were nurses, 5 (3.6%) were pharmacist, 1 (0.7%) was a support staff and 2 (1.4%) were miscellaneous. Of which, 90 were married and 42 were single, 4 were divorced and 1 was widowed. 131 worked in public sectors and 6 worked in private sectors. 85 worked in shifts and 52 didn't. 95 worked between 6pm to 7pm and the rest had other work times. 16 took care of female patients only, 20 took care of male patients only and, 101 took care of patients of both genders. 5 took care of only children patients, 8 took care of adolescents only, 3 took care of children and adolescents, 29 took care of adolescents and adults, 79 took care of adults only, and 13 took care of patients from all age groups.

2.2. Characteristics of work violence

22.6% of the participants stated that violence incidents have occurred to them in the last year, 51.8% stated that they haven't had violence incidents in the last year and 25.5% preferred not to answer.

Table 1 Work violence in the last year

Work violence in last year	N	%
Preferred not to answer	35	25.5
No	71	51.8
Yes	31	22.6

22.6% of the violence victims stated that the violence was physical, 25.8% stated that it was psychological while 51.6% stated that it was sexual.

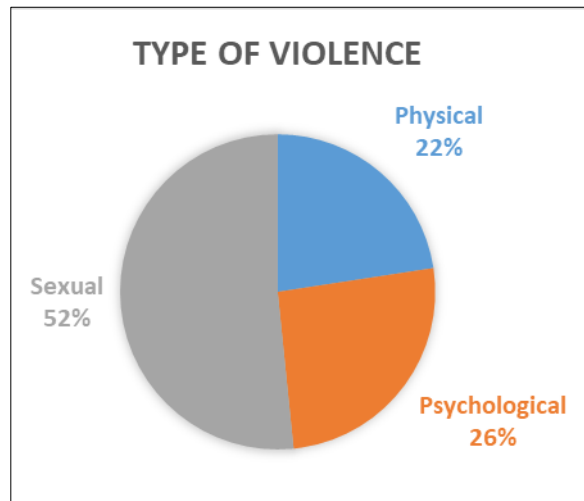


Figure 1 The types of violence

10.9% of the participants had extreme concerns about violence, 10.2% of them had very high concerns, 19.7% had high concerns, 32.8% had moderate concerns while only 26.3% had low concerns.

2.3. Characteristic of violence and offender

4.4% of the participants were attacked by a staff member, 4.4% by a family relative, 5.8% by the patient himself, 2.9% by the patient and patient’s relatives, 0.7% by the patients and staff members, 1.5% by the manager or supervisor, 0.7% were attacked by an external colleague while the rest didn’t state.

59.9% of the participants stated that direct physical contact happened, 38.7% stated the opposite while 1.5% did not make a statement.

33.6% of the participants said that they witnessed violence, 53.3% said the opposite while 13.1% did not state.

2.4. Reporting Violence

16.1% of the participants has reported a work violence incident before, 36.5% hadn’t reported one before while the rest did not state. 63.5% of the participants know the procedures of reporting violence and how to use the policy, 34.3% don’t while 2.2% hasn’t stated. 61.3% of the participants stated that they report violence to the management, 5.1% to colleagues, 1.5% to the union, 1.5% to family, 1.5% to the association, 0.7% to the head nurse, 0.7% to the management and colleagues, while 0.7% did not state.

2.5. Violence prevention

17.5% of the participants believed that violence can be prevented, 4.4% believed the opposite while 78.1% did not state.

Table 2 Association between healthcare worker's gender and type of violence received

Type of violence	Total	Female	Male
Did not have violence	105	61(58.1%)	44(41.9%)
Physical	7	1(14.3%)	6(85.7%)
Psychological	8	6(75%)	2(25%)
Sexual	16	10(62.5%)	6(37.5%)
Sexual and Physical	1	0(0%)	1(100%) ²

There was statistically significant difference in proportion of female healthcare workers who tended not to state the type of violence received compared to males (58.1% versus 44.9%). Male healthcare workers were statistically significant received more physical violence compared to female (85.7% versus 14.3%) respectively. Although female healthcare worker received more sexual violence compared to male health worker but the difference is not statistically significant.

3. Discussion

In this study 137 staff workers were involved. Of whom, 56.9% were females and 43.1% were males. Out of all the staff, 62% were physicians, 32.1% were nurses, 3.6% were pharmacist, 0.7% was a support staff and 1.4% were miscellaneous. Half of the staff (51.6%) stated that they haven't had violence incidents in the last year and 25.5% preferred not to answer. Only 22.6% of the participants stated that they had been victims of violence incidents in the last year. Half of the violence victims stated that the violence was sexual, 22.6% of the violence victims stated that the violence was physical, 25.8% stated that it was psychological. The majority of the offenders were patients themselves while the offenders from the staff members and patient's relatives were the same percentage. Attacks by the managers or supervisors, or by an external colleague were the least ones. The majority of physical violence stated that direct physical contact happened. Only one third (33.6%) of the participants stated that they witnessed violence in the last year. Female's healthcare workers tended not to state the type of violence received compared to males (58.1% versus 44.9%). This may be explained by the fact that females are ashamed to report the type of violence because most of them were victims of sexual harassment and fear of the consequences. Male healthcare workers were statistically significant had received more physical violence compared to females (85.7% versus 14.3%) respectively. Although female healthcare workers received more sexual violence compared to male healthcare workers but the difference is not statistically significant. Only 16.1% of the participants had reported WPV, although 63.5% of the participants know the procedures of reporting violence and how to use the policy, this may be because the majority of violence victims faced sexual type of violence and due to the culture of the community it should not be explored to others.

The results of this study were unlike the results of the study which was conducted by Algwaiz WM and Alghanim SA in 2012 to assess violence exposure among healthcare workers in public hospitals in Saudi Arabia where they found that, more than two-thirds (67.4%) of respondents were victims of violence in the previous 12 months. Verbal abuse was the most common type of violence (4). It was also unlike the results of the study which was conducted by Xing k et al. to assess physical violence against general practitioners and nurses in Chinese township hospitals where they found that 41.5% of respondents experienced at least one WPV threat (physical or verbal), and 9.8% experienced at least one incident of sexual harassment in the past 3 months, only 9.6% of the participants had reported WPV (1). The study which was carried out by Basilua Andre Muzembo et al. to investigate workplace violence by patients or their relatives towards health-care workers in Congolese hospitals showed that WPV was verbal in nearly half of the workers (57.4%), sexual harassment incidents was 15.2% and physical violence was only 7.5% and similar to this study female health-care workers were the prime target for sexual harassment and only 34.3% of the violent episodes were reported to a supervisor [5]. The results of this study were also not similar to the results of the study that was conducted by Mohamad Kitaneh and Motasem Hamdan where they assessed WPV against physicians and nurses in Palestinian public hospitals and they found that the majority of respondents (80.4%) reported exposure to WPV in the past 12 months, 20.8% physical and 59.6% non-physical. The perpetrators were mostly the patient's relatives or visitors, followed by the patients themselves, and co-workers, and this was unlike this study where most of the offenders were patients themselves. Most of the incidents were not reported [6]. A survey conducted among physicians in Kuwait showed that 86% of doctors had experienced verbal insults and 28% had experienced physical attacks (7). A survey conducted in Australia revealed that 58% of General Practitioners had experienced verbal violence and 18% experienced property damage (7). In a meta-analysis study done by Abin Varghese et al. to estimate the prevalence and determinants of WPV

among nurses working in the South-East Asian Region and Western Pacific Regions, where they reviewed 41 studies conducted among 42,222 nurses from 13 countries. They pooled prevalence of WPV, verbal abuse was 58%, physical violence 64%, threatening behavior 23%, physical assault 30%, sexual harassment 21% (which was similar to this study) and bullying/mobbing were 12% and 25% respectively (8). Sérgio Roques Patrício et al. in their study regarding violence against health care workers in the workplace in Mozambique, they reported the predominant types of violence as follows: verbal threat/aggression 34%; moral pressure/bullying/mobbing 30%; ethnic discrimination 9%, physical 4%, sexual harassment 4%. More than half (55%) did not report acts of violence (9). In the study conducted by Lubna Ansari Baig et al. in Pakistan to assess violence against health care workers, they found that one-third of the study group had experienced some form of violence in the last 12 months. Verbal violence was experienced more frequently (30.5%) than physical violence (14.6%) (10). In a meta-analysis of 14 studies reviewed by Ali Sahebi et al they found that the prevalence of workplace violence was 58.7%, physical violence was 20.8%, verbal violence was 66.8%, and sexual harassment was 10.5%(11).

In a meta-analysis done by Li Lu et al in China the overall prevalence of work place violence from 44 studies with available data was 62.4%. The physical violence, psychological violence, verbal abuse, threats, and sexual harassment were 13.7%, 50.8%, 61.2%, 39.4%, and 6.3%, respectively. Males were more likely to experience workplace violence than females (12).

One study conducted in Brazil to compare the incidence of violence before and during the COVID-19 pandemic found the incidence of violence 60% before the pandemic and the incidence was 57.9% during the pandemic. Verbal violence was the most reported among the participants (13).

Most of the above studies showed higher incidence of WPV than this study, this may be attributed to the fact that recently in Kingdom of Saudi Arabia they set a law punishing those who commit workplace violence against healthcare workers with consequences reaching up to 100,000 Saudi Riyals – which is around 25,000 US dollars- and up to 5 years of jail.

4. Conclusion

The majority of the participants stated that violence incidents have not occurred to them in the last year. Half of the violence victims stated that the violence was sexual and the majority of physical violence victims were males. Only a minority of the victims reported the incidence to their supervisors. Most of the offenders were the patients themselves.

Recommendations

The findings of this study reconfirm the necessity for the development and implementation of procedures to address violence incidents towards health care workers and to have a safe climate for the them. Also it is important for the stakeholders to set on plans to prevent violence of all types in the workspace especially sexual violence and harassments.

Compliance with ethical standards

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Disclosure of conflict of interest

All authors have no conflict of interest.

Statement of ethical approval

The research was conducted within the ethical supervision of Ministry of health ethical committee. Only those who consent to participate in the research following adequate explanation of aim, procedures, benefits and possible risks were included in the study. There was no penalty for refusal or participate.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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