

Incidence of workplace violence against Nursing in Eastern Province, KSA

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Abstract

Purpose: Workplace violence in emergency departments and outpatient clinics is a significant problem worldwide. This study aimed to identify the percentage of nurses who were exposed to violence, its sources, and factors influencing experiences of violence and reporting them.

Research methods: The study was conducted between September and December 2023

in the emergency departments and outpatient clinics of three hospitals in Dammam, Eastern Province, Saudi Arabia. Data were collected from 130 nurses working in these departments.

A descriptive questionnaire was used; it consisted of 27 items about types of violence, their sources, and ways to confront it. Behaviors.

Results: 51.5% of the participants were exposed to violence, 11.5% of them to physical assault, 31.6% of them to verbal abuse, and 40% of them to verbal threats. Patient companions were responsible in 54% of violence. The most common reactions to violence were sadness and lack of concentration. "Fear" was the most common coping method among nurses.

The study showed that 4.6% of participants who were exposed to physical attacks and

verbal threats did not report the incidence of violence to managers, as 40% did not have a reporting system.

Conclusion: Based on the study findings, it is suggested that each hospital establish a

reliable reporting system, as well as provide a comprehensive program of support services for nurses who have been assaulted.

Keywords: Hospital service, Violence, Workplace, aggregation

1. Introduction

Workplace violence is any act or threat of physical violence. Verbal, intimidation threats or other disruptive behavior occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers, and visitors. (Sleem, 2016) ^[1].

Violence against nurses is a complex and ongoing occupational hazard facing the nursing profession. This violence can take the form of intimidation, harassment, stalking, hitting, stabbing, shooting, and other forms of assault. Nurses are among the most frequently assaulted workers in the workforce. The psychological consequences of violence may include fear, anxiety, sadness, depression, frustration, distrust, and nervousness. These results can hurt nurse retention.

The International Council of Nurses (ICN) recognized that violence in the workplace is an important issue that demands attention and competence in dealing with it, including reporting and ways of protection (R. Kumar, 2016) ^[2].

In this study, the researcher will illuminate the problem of violence against nurses and provide recommendations for addressing it.

2. Background

Nursing staff performance has a significant role and influence in the medical field. Violence against nurses is a significant challenge for healthcare administration. Attention is focused on it because it hurts the quality of healthcare provided and health organizations.

Common types of violence include physical assault, verbal abuse, aggression, mobbing, and bullying. Patients, relatives, and co-workers are the main perpetrators (Sleem, 2016) ^[1]

Employers must arrange for a nonviolent, safe, and healthy workplace for all nurses, take all precautions to reduce the risk of violence in the workplace, and allow for work-related safety duty laws. Any harmful act committed against nurses in the workplace by a patient or a visitor is called workplace violence against nurses.

Workplace violence is directly related to reduced job satisfaction, humiliation, emotional distress, intention to leave the job, and, in general, increased employee turnover. (P. Dnyaeshwar, J. Rajpoot, 2022) ^[3]

This study aims to explore workplace violence, its prevalence and consequences, its impact on nursing, and the strategies that have been developed to prevent such incidents.

3. Objectives

This study aims to explore the experience of nurses with work violence and aggression, its impact, and their response. Identify any reporting barriers experienced by the victims and any contributing factors and consequences of the victimization incident with law enforcement after reporting by the victim. (Kim Swanson, 2014) ^[4]

Literature Review

An in-depth literature review was conducted using the search series (Violence or Aggression), using EBSCO and ProQuest Information Services from various

Countries. It showed that 336 articles conducted over the past 10 years were relevant For health practitioners or nursing workplace violence. English studies were examined, and 15 articles were selected. This helped identify various areas of the Questionnaire.

Such as types/forms of Violence, reporting of Violence, risk factors for Violence, the Impact of violence and mitigation strategies from which 15 items were created.

(Piyush Ranjan, drpiyushdost, 2021) ^[5].

Alkorashy, al Moalad (2016) ^[6].

The study indicated that nearly half of the participants had been exposed to Violence in the professional environment during the 12 months before the survey. The Majority of people perceived verbal abuse violence in the Workplace as. Most of the Nursing professionals identified patients as the primary cause. Just over half cited Staff shortages, misunderstandings, long waits for service, lack of staff training, and Crisis prevention policies as contributing factors.

Fatima Sayed et al. (2022) ^[7]

They noted a high burden of Violence against nurses in healthcare settings. There Has been underreporting of such violent acts against nurses. These events cause Psychological trauma and bad memories for the victims. It also appears that there is a Deficiency in dealing with these events. This led to the activation of the role of Occupational Health in healthcare facilities, were occupational health practitioners. Healthcare facilities can face the challenges of improving reporting of Violence against nurses by Simplifying procedures and avoiding blaming the victim. They must also Ensure the safety of workers and enhance procedures for dealing with incidents. Violence against them and urged occupational health practitioners to participate in Investigations of such incidents to discover factors that could help prevent Violence

Against nurses in the future. Large-scale research is needed to characterize the Problem further and develop effective interventions to prevent Violence against healthcare workers.

Smita Kafle (2022) ^[8]

The study indicated that any act that causes physical, psychological, or sexual harm to nurses in the Workplace is workplace violence (WPV). Unfortunately, this has become so common that it is now considered an undesirable part of the job and is ignored rather than reported. However, nurses must be properly educated about hospital policies against Workplace Violence (WPV) and encouraged to report any case.

Mahmoud Mustafa Al-Qadi (2021) ^[9]

The study indicated that developing insights into the concept will assist in designing new research scales that can effectively measure the underlying issues, provide a framework that facilitates nursing interventions, and improve the validity of future studies.

(Mobaraki et al, 2020) ^[10]

This review highlighted the Problem of different types of Work Place Violence (WPV) that nurses experience daily in other regions of the world. According to the results of the review, verbally violent behavior is the main form of Work Place Violence (WPV) reported by nurses worldwide, followed by physically violent behavior with severe consequences, such as injuries. Daily exposure to Workplace Violence (WPV) can impact nurses' mental and physical health, which may influence the Quality of care they provide to their patients. According to the findings of this review, there is a lack of firm policies and legislation in most nursing settings, causing a Higher and more frequent risk of such Violence. Therefore, more research

is needed to Identify solutions to address this Problem, such as reporting policies and education. Courses and posters distributed around the health facility with appropriate Interventions to confront this violent behavior in its various forms.

5.The study sample:

The study sample consisted of all male and female nurses in three government Hospitals in Dammam in the Eastern Province of the Kingdom of Saudi Arabia to Identify the causes of violence and forms of assault.

6.Study tool:

The researcher used a questionnaire to collect information to reach the study's Objectives and answer its questions.

The questionnaire was developed in the English language, validated and used in a Previous study conducted by the Massachusetts Nurses Association Congress on Health and Safety and Workplace Violence and Abuse Prevention (MNA 2008). The Questionnaire contains 27 structured multiple-choice questions related to the Prevalence of Workplace Violence, forms and perpetrators as well as precipitating Factors for Workplace Violence. The reliability of the tool was determined by Cronbach's alpha ($\alpha = 0.7615$)

7.Data collection

Self-administered questionnaires were distributed to participants after obtaining Approval to conduct the study from the Research/Ethics Committee of the Specialized Eye Hospital. Data were collected from January to May 2023.

8.Data Analysis

The data was analyzed using descriptive and inferential statistics. The goal was to Compare variables across groups and investigate the relationship between selected Demographic characteristics and perceptions of Workplace Violence.

9.Result

From the 300 questionnaires distributed, 130 were returned, all of whom had worked in nursing for 5years and more (Table 1). Most of them were between 21 to 30 years (19.2%).31-40 years (43.8%) 41-50 years (30.8%) and 51-60 years (6.2%) The majority of participants were staff nurses (100%) and worked various 8-hour shifts Furthermore, most participating nurses were female (73.3%) Nearly all of the nurses were Saudis (86%), and the non-Saudis were from the Philippines and India. 79 participants (60%) reported that they had not received any training in dealing with violence.

Table 1. Sociodemographic data on participants (n=130).

Factors	Frequency	Percent%
Age (Years)		
20 years and under	0	(0%)
21-30 years	25	(19.2%)
31-40 years	57	(43.8%)
41-50 years	40	(30.8%)
51-60 years	8	(6.8%)
Over 60years	0	(0%)
Nationality		
Saudi	113	(86.9%)
Non-Saudi	17	(13.1 %)
Work experience (years)		
Less than one year	3	(2.3%)

1-5 years	48	(36.9%)
6-10 years	45	(34.6%)
More than 10 years	34	(26.2%)
Gender		
Male	36	(27.7%)
Female	94	(72.3%)
Shift		
Day	78	(60%)
Evening	26	(20 %)
Night	22	(16.9 %)
Weekend	0	(0 %)
Others	4	(3.1%)
Specialty area		
Emergency Department	32	(24.6 %)
Out-Patient Department	41	(31.5%)
Not Applicable	5	(3.5 %)
Other	52 (40%)	(40%)

Types of violence are broadly categorized into physical and non-physical assault. Physical assault was defined as the intentional use of force (hitting, kicking, slapping, choking, biting, or pushing). Non-physical assault includes verbal harassment and abuse (including threats and offensive comments), including any offensive comment. Through the responses, the researcher found that 124 nurses were subjected to verbal assault, 96 were subjected to physical assault such as beating, and 83 were subjected to physical assault with a weapon.

Table2. Characteristics of Reported Violence Events of Study Participants.

Variables	Frequency	Percent %
Definition		
Verbal abuse such as threats	124	(95.4)
Physical Violence such as kicking	96	(73.8)
Physical violence with a weapon	83	(63.8)
Others	3	(2.3)
Seriousness of violence problem		
Very serious	37	(28.5)
Somewhat serious	32	(24.6)
Not too serious	21	(16.2)
Not at all serious	19	(14.6)
Not sure	21	(16.2)

Table 3. The number of times has experienced such acts of violence/abuse at work in the past two years

Variables	Never	Occasionally	Frequently	Regularly
Spit on	123(94.6)	6(4.6)	1(0.8)	0
Objects were thrown at me	114(87.7)	15(11.5)	1(0.8)	0
Beaten	124(95.4)	5(3.8)	1(0.8)	0
Assaulted with weapon	128(98.5)	1(0.8)	1(0.8)	0
Verbally Abused	83(63.8)	41(31.5)	6(4.6)	0
Verbally threatened	78(60)	46(35.4)	6(4.6)	0
slapped	116(89.3)	12(9.2)	1(0.8)	1(0.8)

Table 4. Frequency of exposure to forms of violence from different perpetrators as reported by nurses who experienced violence

Variables	By Patient	Family or Friends	Physician	Others	NA
Spit on	4(3.1)	6(4.0)	0	0	115(88.5)
Objects were thrown at me	0	6(4.0)	7(5.4)	4(3.1)	113(87)
Beaten	5(3.8)	3(2.3)	0	5(3.8)	116(89)
Assaulted with weapon	3(2.3)	0	0	6(4.0)	119(91.5)
Verbally Abused	21(16.2)	24(18.5)	11(8.5)	9(7)	74(56.9)
Verbally threatened	21(16.2)	25(17.7)	0	6(4.0)	73(56.1)

All participants identified the patient's relatives and friends as the main perpetrators 24 (17.7%). Followed by patients 21(16.2%) and Physicians 11(8.5%). Verbal abuse was the most common form of violence.

Table 5. Incidence of workplace violence

Variables	Frequency	Percent
Violent incidents that occurred in the past two years		
Yes	67	(51.5)
No	63	(48.5)
Continue working after the incident?		
Yes, I continued working	57	(43.8)
No, I refused to continue working.	7	(5.4)
No, I was sent home.	6	(6.9)
Not Applicable	39	(30)
Others	18	(13.8)
Was relief provided so that you could leave after the incident?		
Yes	53	(40.8)
No	19	(14.6)
Not Applicable	58	(44.6)
How did that affect your later work performance if you have been attacked/abused at the workplace?		
No effect.	13	(10%)
Difficulty concentrating on the job.	35	(26.9)
Hypervigilance easily startled	24	(18.5)
Physical symptoms such as headaches, and stomach aches.	4	(3.1)
	5	(3.8)
Difficulty working in an environment that reminds me of past incidents.	8	(3.1)
Not fearful but physical injuries have decreased my ability to work.	31	(23.8)
	14	(10.8)
Not Applicable		
Others	31	(23.8)
	14	(10.8)

10.Reporting

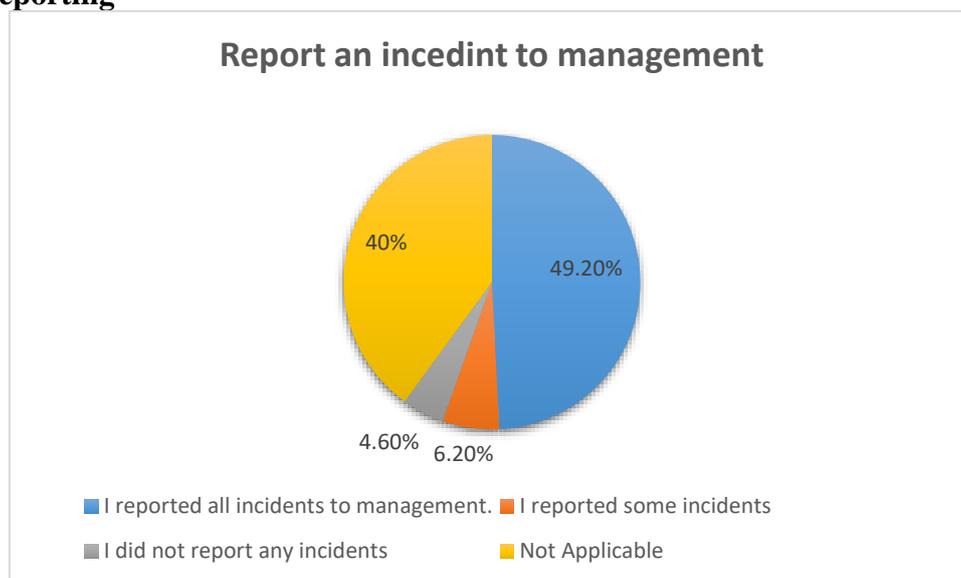


Figure.1 Report an incident to management

Regarding reporting violence, the researchers noted that 64 (49.2%) of the participants reported assault incidents, while 8 (6.2%) of them reported some incidents, 6 (4.6%) did not report, and 52 (40%) did not have a reporting system.

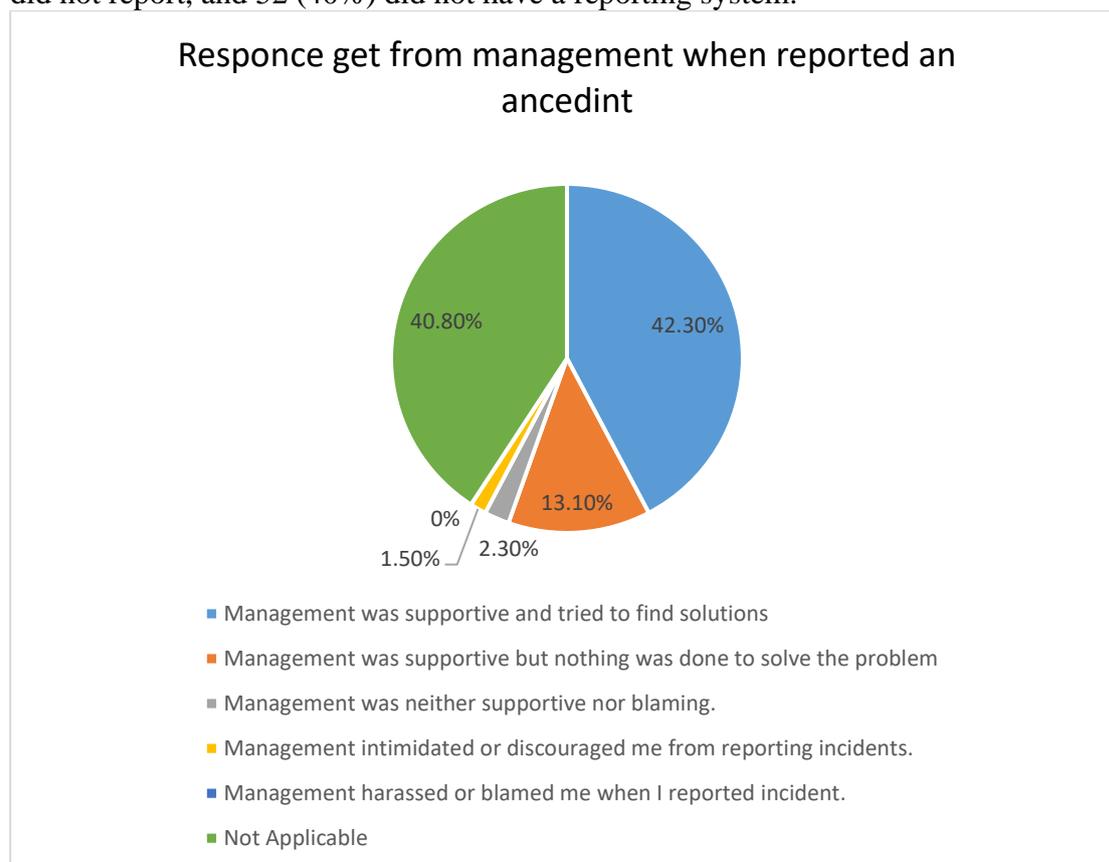


Figure 2. Response gets it from management when reported an incident

This study determined that 42.3% of the participants indicated that the administration was supportive and worked hard to solve the violence problem. In comparison, 13.1% indicated that the administration was supportive but unable to find solutions, and 40 did not apply to them because there was no system for Reporting.

11. Discussion

This study examined workplace violence among healthcare nurses in hospitals affiliated with the Ministry of Health. Only a few other studies have addressed this topic in the Kingdom of Saudi Arabia, and the studies were conducted in hospitals affiliated with the health clusters in the Eastern Province.

A total of 51% of nurses in this study had experienced workplace violence during the previous 2-year period. This is very similar to reports of a study conducted in Turkey. The last survey in Turkey (2011) indicated that the majority of nurses (85.2%) stated that they had been exposed to some type of violence; The kinds of violence were physical at 41.1%, verbal abuse at 79.6%, and verbal threats at 55.5% of the total reported cases (Talas et al., 2011) ^[11].

This study showed that the majority of nurses were exposed to violence and that most of them were exposed to violence more during the past two years. Verbal violence was the most common type of violence, with more than half of the sample reporting that they had been exposed to this type of violence (95.4%). Verbal assault was the most common form of psychological violence; while pushing and slapping was the most common form of physical violence, at a rate of 73%. This result is consistent with other studies that found that most nurses were exposed to psychological violence followed by physical violence. Approximately 45.4% reported that violent incidents were initiated by patients' family and friends, while 41.6% reported that violent incidents were initiated by patients and 22.3 by doctors. This study also showed that nurses with less than five years' work experience were more they are vulnerable to exposure to violence, as nurses have work experience ranging from 6 to 10 years. While nurses with more than 10 years of experience were rarely exposed to violence. This finding is consistent with previous studies that found that shorter professional nursing experience was significantly associated with increased risk of exposure to all types of workplace violence.

These violations and violence may be due to the low ratio of nurses to patients and the nursing shortage in our hospitals. As the current study revealed, the ratio of nurses to patients is 1:10. This is a significant shortage in nursing and was the leading cause of the violence. There was also poor training among nurses to confront assault, as 60 reported. % of nurses said that they did not receive training to confront violence nor familiarize themselves with the legal system for such attacks.

Also, 49.2% reported being exposed to psychological and physical violence through the official system, while about 4.6% were unable to report.

Some hospitals lack a formal system for reporting violence, with a 40% rate. Also, 42.3% reported that the administration was supportive in finding solutions to such attacks, while 13.1% reported that the administration was supportive but did not respond to reports.

12. Conclusion

The results of the study indicate that violence represents a significant problem for nurses, as they suffer from high pressure and workload, and lack good management policies and support, as they are exposed to professional violence in hospitals. Therefore, reducing the efficiency, productivity, job satisfaction and quality of a nurse's work life is inevitable. Serious steps must be taken to avoid an increase in the number of violent incidents. Abuse training should be an essential part of on-the-job training. A comprehensive program of support services must also be provided for nurses who have been assaulted.

The results indicate the need to recognize that incidents of violence in the workplace are frequently observed. There should also be a policy on workplace violence and how to avoid it.

Quality health care delivery is the primary goal of any health system, and workplace violence is a significant factor in reducing quality. Since the prevalence of violence in the workplace is high and affects the quality of the nurse's working life; As well as the violence that occurs by patients and their companions, awareness and education are an absolute necessity. Therefore, it is essential to adopt a policy to reduce violence in hospitals. As such, policy makers in health facilities should pay great attention to this critical issue. Adopting appropriate policies to protect nurses to create a safe work environment. Organization officials must also ensure that nurses are aware of their plans to reduce violence in the workplace. (Teymourzadeh et al., 2014)^[12]

13.Limitation

This exploratory study was conducted in four hospitals in the Eastern Province of The Kingdom of Saudi Arabia. The relatively small number of participants may be a Drawback. Therefore, more research involving larger numbers of participants is Needed. The study is also limited because data were collected via electronic Questionnaire results. Ideally, future studies should include analysis of the formal Reporting system of nursing experience of violent incidents. However, this will Depend on these reporting mechanisms in place at participating hospitals.

14.Ethical considerations

The content and method of this study were approved by the ethics committee (IRB # DESH 1136) of the target hospital before the study was conducted. Participants Signed a consent form to participate in the research after being informed of them Information's anonymity and voluntary participation.

15.Conflict of interest

Authors have no conflict of interest regarding this study.

16.Acknowledgement

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