

# Physical and Verbal Assault on Medical Staff in Emergency Hospital Departments in Abha City, Saudi Arabia

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## Abstract

**Background:** Violence is a major social and public health problem. Health care workers are the most reported group at risk for violence due to direct contact with patients at critical situations. Violence against medical staff not only affects their work environment but is also a barrier against delivering good quality service, which will be reflected on patients' satisfaction.

**Aim:** To estimate prevalence, types and correlates of physical and verbal assault among medical staff working in emergency departments in Abha City, Saudi Arabia, 2018.

**Methodology:** A descriptive cross-sectional survey was applied targeting all staff working at different emergency departments in government hospitals in Abha city. Data were collected using a pretested valid and reliable questionnaire. The questionnaire was developed by ILO/ICN/WHO/PSI and was used for country case studies of workplace violence in the health sector.

**Results:** The research included 164 medical staff from emergency departments in three governmental hospitals in Abha City. Most of our sample were in direct contact with patients. Exposure to physical violence was recorded among 16.5% of participants while about half of the sample had been exposed to psychological assaults, being verbal, bullying, and/or threats.

**Conclusions:** This study documented the existence of workplace violence among emergency medical staff in Abha. Different types of physical and psychological violence for all categories were recorded.

**Key words:** Violence, medical staff, insult, emergency department, physical assault, psychological assault.

## Background

Health workers are at high risk of violence all over the world. Between 8% and 38% of health workers are exposed to physical violence at certain areas during their career. Others may be threatened or exposed to verbal assault (1, 2). Most violence is perpetrated by patients, relatives and/or visitors. Also, in disasters and conflict situations, health care workers may become the targets of violence. Nurses and other staff, who are directly involved in patient care, are the most vulnerable group, including emergency room staff and paramedics (3, 4).

The World Health Organization (WHO) defined workplace violence as the intentional use of power, threatened or actual, against another person or against a group in work-related circumstances that either results in, or has a high degree of likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation (5). Although violence (either physical or psychological) directed toward health care staff is classified as occupational hazard (6), the actual magnitude of the problem is definitely unknown, and recent surveys showed that the current figures represent only the tip of the iceberg.

As workplace violence has a negative impact on all sectors and all categories of workers, the health sector is at major risk. Violence in this sector may constitute almost 25% of all violence at work (7). Workplace violence is not merely the terrible, violent events that make the news; it is also a daily-recorded event, such as verbal abuse, that is often overlooked (8, 9).

Despite the fact that there are not definite indications about the form a violent event is going to take, it is possible to recognize several warning signs of violent behaviors. These warning signs include nervous movements and gestures, approaching very closely to the other person, raised voice tone, hitting walls or items, or hitting themselves in the head or chest, inappropriate laughter, and excessive sarcasm (10, 11).

The current study aimed to evaluate physical and verbal assault among staff working in emergency departments in Abha hospitals.

## Methodology

A descriptive cross-sectional survey was conducted to target all staff working at different emergency departments in governmental hospitals in Abha city, including physicians, nurses, clerks, and employees. There are 3 main governmental emergency departments in Abha City which is the capital of Aseer Region at the southern region of Saudi Arabia. After having consent, data were collected using a pretested valid and reliable questionnaire. (12). The first part of the questionnaire was developed by the researchers after intensive literature review and expert consultation. This part of the questionnaire covered personal data, work history, medical history special habits

and work place environment. The second part included violence assessment questionnaire. The questionnaire was developed by ILO/ICN/WHO/PSI and was used for country case studies of workplace violence in the health sector (12).

## Data analysis

Data were extracted, revised, coded and fed into the Statistical Software (IBM SPSS version 22). All statistical analyses were done using two-tailed tests. Descriptive analysis, based on frequency and percent distribution, was done for all participants' demographic and work-related data, and types of violence. Association between staff personal data and violence exposure was assessed using Pearson's chi-square test. P values less than 0.05 was considered statistically significant.

## Results

This research included 164 medical staff from emergency departments in governmental hospitals in Abha city. The male gender constituted 62.8%; most of them were married (60.4%), and the most frequent educational level was postgraduate (56.7%), then college (33.5%) and technical (9.8%). Doctors constituted the majority of the sample (66.5%) then nurses (23.8%) and lastly technicians (9.8%). All the sample were affiliated to the Ministry of Health. Participants' mean age was  $30.2 \pm 4.2$  years, while the mean years of working was  $6.4 \pm 4.2$  years (Table 1). Table 2 demonstrates participants' work environment. The work of 51.2% was between 6 pm to 7 am, and 80.5% were in direct contact with patients. Most of the sample interact with adults (47.6%) and 74.4% interact with both male and female patients. As for violence risk factors, most of the care givers (73.2%) were worried about being exposed to violence at their work place. Violence reporting procedures were absent in 40.9%, while 41.5% of participants reported physical violence and 17.7% reported verbal violence. Only 34.8% of the sample know how to use the procedure of violence reporting. Only 28% said there is encouragement to report acts of violence, and only 26.2% received training in managing violence, but most of the sample (91.2%) were in need of training in violence management.

Table 3 shows that 16.5% of staff was exposed to physical violence during the last 12 months. The frequency of attacks ranged from 1 to 4 times. All attacks were by persons of the age group from 20 to 40 years and all attackers were males. They had been attacked mostly after morning shifts. Most perpetrators were from patients' relatives (10.4%) and mostly by hands (9.1%). Most of the sample think the reasons for the attack were either patients being dissatisfied with doctor's work or poor communication with patients or their relatives. Security, colleagues, and other patients' relatives or themselves, had the main role in stopping the attack events (37%, 6.7%, and 3%, respectively). With regard to psychological assaults among participants, 45.7% of participants were exposed to violence, being verbal (57.3%), bullying (22.7%), or threat (44%). The action taken by management ranged from counseling (20.7%), speak/support (20.1%) or report

or sometimes a combination of these (20.1%). About 20% of the victims were dissatisfied about the actions taken after violence.

Table 4 shows that on relating the exposure to violence with victims' characteristics, it was clear that males were significantly more exposed to physical violence ( $P=0.02$ ). There was no significant association between violence incidence and participants' marital status. All staff with direct contact with patients were significantly exposed to physical assault ( $P=.005$ ). Participants' occupation showed significant difference, as doctors were more exposed to

physical violence. Work in late shifts (between 6 pm to 7 am) also recorded no significant difference. Considering psychological violence, males were more exposed to psychological violence (62.7%) but with no significant difference when compared with those who were not exposed. Marital status recorded a significant difference with higher rates among married participants (70.7%). The occupation had significant differences as doctors were more exposed to psychological violence (62.7%). Also, all those exposed to psychological violence were in direct contact with patients.

**Table 1: Sociodemographic characteristics of medical staff in emergency departments in Abha city, Saudi Arabia**

Characteristics		No.	%
Gender	Male	103	62.8
	Female	61	37.2
Mental status	Single	54	32.9
	Married	99	60.4
	Divorced	11	6.7
Education	Post Graduate	93	56.7
	College	55	33.5
	Technical	16	9.8
Occupation	Doctor	109	66.5
	Nurse	39	23.8
	Technical	16	9.8
Age in years	Mean $\pm$ SD		30.2 $\pm$ 4.2
	Min - Max		21 - 40
Years of experience	Mean $\pm$ SD		6.4 $\pm$ 4.2
	Min - Max		20-Jan

Table 2: Workplace environment at emergency departments in Abha City, Saudi Arabia

Work environment		No	%
Work between 6 PM – 7AM	Yes	84	51.2
	No	80	48.8
Direct contact with patients	Yes	132	80.5
	No	32	19.5
Age group of patients commonly dealt with	Infant	4	2.4
	Adolescent	27	16.5
	Adult	78	47.6
	Elderly	23	14.0
	No	32	19.5
Gender of patients	Male	10	6.1
	Both	122	74.4
	No	32	19.5
How much worried about violence at workplace	Not	44	26.8
	Little	15	9.1
	Mild	60	36.6
	Worried	28	17.1
	Very Worried	17	10.4
Are there procedures for reporting violence?	No	67	40.9
	If physical	68	41.5
	If verbal	29	17.7
If yes, do you know how to use them?	No procedure	67	40.9
	Not Know	40	24.4
	Yes	57	34.8
Is there encouragement to report?	No	118	72.0
	Yes	46	28.0
Have you received training in managing violence?	No	121	73.8
	Yes	43	26.2
Need to be trained in violence management	No	16	9.8
	Yes	148	91.2

Table 3: Workplace violence at emergency departments in Abha City, Saudi Arabia

Violence data		No	%
Exposure to physical assault during the last 2 months	Yes	27	16.5
	No	137	83.5
If yes, how many times?	Mean $\pm$ SD	1.57 $\pm$ 1.38	
	Min – Max	0 - 4	
Who attacked you?	Patients	10	6.1
	Relatives	17	10.4
Weapon	Furniture	12	7.2
	Hand	15	9.1
Who has the biggest role to stop the event?	Self	5	3.0
	Colleague	11	6.7
	Another patient or relative	5	3.0
	Security	6	37.0
Exposure to psychological assault during last 12 months	Yes	75	45.7
	No	80	54.3
Type of psychological assault	Verbal	43	57.3
	Bullying/Mobbing	17	22.7
	Threat	33	44.0
Action taken by management	Counseling	34	20.7
	Speak or Report	33	20.1
	Other Support	33	20.1
How satisfied you are with action taken	Very Dissatisfied	32	19.5
	Dissatisfied	16	9.8
	Satisfied	10	6.1
	Very Satisfied	17	10.4

Table 4: Work Place violence at emergency departments in relation to staff characteristics in Abha City, Saudi Arabia

Personal data		Physical Violence		P-value	Psychological Violence		P-value
Gender	Male	22	81.5%	.020*	47	62.7%	.973
	Female	5	18.5%		28	37.3%	
Marital Status	Single	11	40.7	.251	22	29.3%	.002*
	Married	16	59.3%		53	70.7%	
	Divorced	0	0%		0	0%	
Occupation	Doctor	22	81.5%	.092	47	62.7%	.010*
	Nurse	5	18.5%		17	22.7%	
	Technical	0	0%		11	14.7%	
Work between 6 PM to 7 AM	Yes	11	40.7%	.365	43	57.3%	.151
	No	16	59.3%		32	42.7%	
Direct interaction with patient	Yes	27	100%	.005*	75	100%	.001*
	No	0	0%		0	0.0%	

## Discussion

General definition of workplace violence incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involve an explicit or implicit challenge to their safety, well-being or health (13). While the existence of personal physical violence in the workplace has always been recognized, the existence of psychological violence has long been under-estimated and only now receives due attention. Violence includes the use of physical force against another person or group that results in physical, sexual or psychological harm. It includes among other aspects, beating, kicking, slapping, stabbing, shooting, pushing, biting and pinching which are all types of physical violence (14).

The current study revealed that about half of the staff were exposed to at least one type of physical or psychological assault. Physical assault only was recorded among 16.5% of the staff which was more frequent among male doctors than any other category. This may be explained by the nature of Arabic culture of usually introducing males for troublesome patients to protect females. Also, doctors are usually the main category facing the patient or their relatives for the clinical condition and the availability of the needed medical care. As for psychological assault, it was recorded among nearly 45% of the staff especially verbal assault and threat. Also doctors who were in direct contact with patients had the largest risk of assault. The disappointing findings were that more than 40% of violence cases were not reported, especially psychological assault. The other finding is that only one third of the staff knew how to report the violent event if they were exposed, which creates more violence as without reporting no punishment will be applied. Managers also took no action toward violent cases in about 40% of the situations, which helps in more violence with absence of staff awareness regarding how to deal with violence.

Violence against medical staff in Saudi Arabia seems to be increasing, as many cases were recorded in different cities (15-17). These studies reported all types of violence against all categories of health care providers even those who are working in primary health care units. Therefore, the Saudi Commission for Health Specialties stated that it would provide legal support to health workers who fall victim to verbal and physical attacks and sexual harassment. Those who attack health practitioners on duty will face 10 years in prison and a fine of up to one million Saudi Riyals. The Saudi Ministry of Health has stated that it would not show any leniency toward those who attack its staff members and will take all measures to ensure their protection. They added that: "We'll take legal measures to protect their rights" (18).

In conclusion, the study revealed that workplace violence is common among emergency medical staff in Abha. The reported prevalence is consistent with international figures, highlighting the significantly high prevalence of workplace violence. The exposure included both physical

and psychological violence with low reporting rate and little managerial support. Therefore, hospital administration should set standards and develop practical measures for preventing the incidence and for controlling the prevalence of violence against staff at emergency departments through the enhanced reporting of workplace violence. Policy makers should adopt and introduce a 'zero tolerance policy'. Healthcare organizations, particularly hospitals, should fulfill their obligations to provide both staff and patients with a more secure workplace environment.

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