

## Workplace Violence against Nurses in Emergency Department in Saudi Arabia

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### Abstract

**Background:** Violence in healthcare settings is one of the most prevalent types of workplace violence. It is known as any event in which a healthcare worker provider is abused, threatened or assaulted physically, sexually or verbally. Studying of factors and prevention approaches to this problem will help to reduce it in order to eliminate the complications that occur. The aims to improve the safety of nurses in the ED in Saudi Arabia and understand how to avoid violent incidents. Providing nurses and other healthcare workers with nonviolent working setting will contribute in reducing the distress for workplace violence within the healthcare environment.

**Method:** This is a systematic review was carried out, including PubMed, Google Scholar and EBSCO. Authors extracted the data and then the author's names, year and region of publication, the study type, period of study and the result were reported.

**Results:** The review included 10 studies examining factors and prevention approaches to violence against nurses in emergency department in Saudi Arabia.

**Conclusion:** Workplace violence was prevalent among ED nurses and verbal abuse was the commonest type. The most important associated factor was absence of security, which was agreed upon by the majority of nurses. Suitable strategies to deal with the issue include establishing workplace violence management teams and creating appropriate rules and regulations that can improve workplace safety for nurses, while improving patient care quality.

**Keywords:** Workplace Violence; Nurses; Emergency Departments (EDs)

### Introduction

Violence in healthcare settings is one of the most prevalent types of workplace violence. It is known as any event in which a healthcare worker provider is abused, threatened or assaulted physically, sexually or verbally [1].

Nurses are primary care providers in healthcare who are most liable to incur violence due to the time spending in patient care. Health professionals in emergency departments (EDs) were recorded to suffer occupational violence incidents more frequently than most healthcare workers [2]. Nursing workers in EDs are at high risk of abuse at the workplace when they meet and communicate with patients while delivering care rather than most other health occupations [3]. The Emergency Nursing Association of the United States has estimated that occupational abuse in the health system is 3.8 times greater than in all the private sector and that the emergency room is an especially vulnerable environment [4].

The prevalence of workplace violence necessitates an empathetic of the risks related with workplace violence to update the development and application of solutions. The risk factors for workplace violence include long waiting times, psychiatric conditions and having no means to prevent workplace violence [5].

Violence against nurses hinders the efficiency of work following the incident. It also decreases work satisfaction and can cause nurses to quit their job [6]. Studying of factors and prevention approaches to this problem will help to reduce it in order to eliminate the complications that occur. The aims to improve the safety of nurses in the ED in Saudi Arabia and understand how to avoid violent incidents. Providing nurses and other healthcare workers with nonviolent working setting will contribute in reducing the distress for workplace violence within the healthcare environment.

### Aim of the Study

The main objective of this study is to summarize the current evidence regarding prevalence, types and contributing factors of violence against nurses in emergency departments in Saudi Arabia.

### Methodology

PubMed and EBSCO Data bases were used for the publications used in the study, as they are known to be high-quality sources of information. PubMed is one of the leading online databases established by the National Center for Biotechnology Information (NCBI). Articles regarding STIs among sexually abused children as well as other articles were used in writing the article. Limitation to the last ten years and on English due to insufficient translation services have been applied. Papers were screened by names and the abstracts reviewed 6 articles that were eligible. Criteria for inclusion: papers were chosen on the basis of importance to the topic, including one of the following topics: 'sexually transmitted infections, sexually abuse of children, STIs in sexually abused children' Exclusion criteria: all other publications that did not have either of these subjects as their main end, or repetitive research and summary studies were omitted.

### Statistical analysis

No technology was used to analyze the results. Information collected was derived on the basis of a particular type (Publication Title, Author's Name, Purpose, Description, Findings and Outcomes). This data were checked by the group members to obtain a uniform results. Double review of the results of each member has been implemented to ensure authenticity and eliminate errors.

### Results

A total of 66 research used for the title screening contributed to the search. 35 of them had been used for abstract screening, which contributed to the omission of 12 papers. The remaining 23 full-text articles have been examined. The full-text revision helped lead to exclusion of 13 studies and 10 were able to enroll for final extracting data (Table 1).

Author	Study Region	Year	Study type	Sample size	Outcome	Ref
Asmaa Alyaemni, Hana Alhudaithi	Riyadh, Saudi Arabia	2016	Cross-sectional survey	121 nurses	Emergency department nurses are regularly subjected to violence at work. 89.3% witnessed a violent incident.	7
Arwa Talal Algaidi and Reham Nasser Al osaimi.	Jeddah, Saudi Arabia	2020	Cross-sectional analytical study	175 participants	Almost half of participants experienced one or more violence incident. Verbal abuse was the commonest type in emergency departments. WPV causes job stress, causing concern in occupational health.	8
Al-Shamlan, Nouf A., <i>et al.</i>	Khobar, Saudi Arabia	2017	cross-sectional study	391 nurses	Workplace verbal abuse was found to be a significant challenge. About one third of nurses experienced verbal abuse (30.7%). in KFHU.	9
Mohamed AG	Riyadh, Saudi Arabia	2002	cross-sectional study	434 nurses	54.3% of nurses experienced violence. Emergency units had the highest rate of exposure to violence 62.1%.	10
Alshehri FA	Riyadh, Saudi Arabia	2016	A cross-sectional study	463 nurses	41.7% of nurses were exposed to both physical and non-physical violence (44.7% physical assault, 29.5% threat, 88.1% verbal abuse and 4.4% sexual harassment)	11
Mobaraki A., <i>et al.</i>	Jeddah, Saudi Arabia	2020	A literature review	25 studies	Emergency department was the most common hospital settings where WPV is experienced. The most prevalent types of violence were verbal, physical, psychological and horizontal violence.	12
Harthi MM., <i>et al.</i>	Dammam, Saudi Arabia.	2020	A cross-sectional study	324 participants	(47.8%) of studied sample experienced at least one type of violence. Verbal violence was the most prevalent form among HCWs in the emergency departments of Saudi hospitals.	13
Alharthy M., <i>et al.</i>	Riyadh, Saudi Arabia	2017	A cross-sectional study	370 participants	65% of the respondents experienced WPV. Less than half of personnel in emergency department exhibit knowledge about reporting violence. However, belief that reporting is useless or not important was the main reason for not reporting the incident.	14
Alkorashy, HA and Al Moalad FB.	Riyadh, Saudi Arabia	2016	A cross-sectional study	370 nurses	Nearly half of the respondents faced abuse in the workplace. Any of the respondents interpreted workplace harassment as verbal bullying.	15
Alqahtani A. Mohamed., <i>et al.</i>	Abha, Saudi Arabia	2020	A cross-sectional study	164 participant	Physical violence was reported among 16.5% while psychological assaults (verbal, bullying and/or threats) was reported in almost half of the sample.	16

**Table 1:** Author, year of publication, study type and study outcome.

The included studies had different study designs.

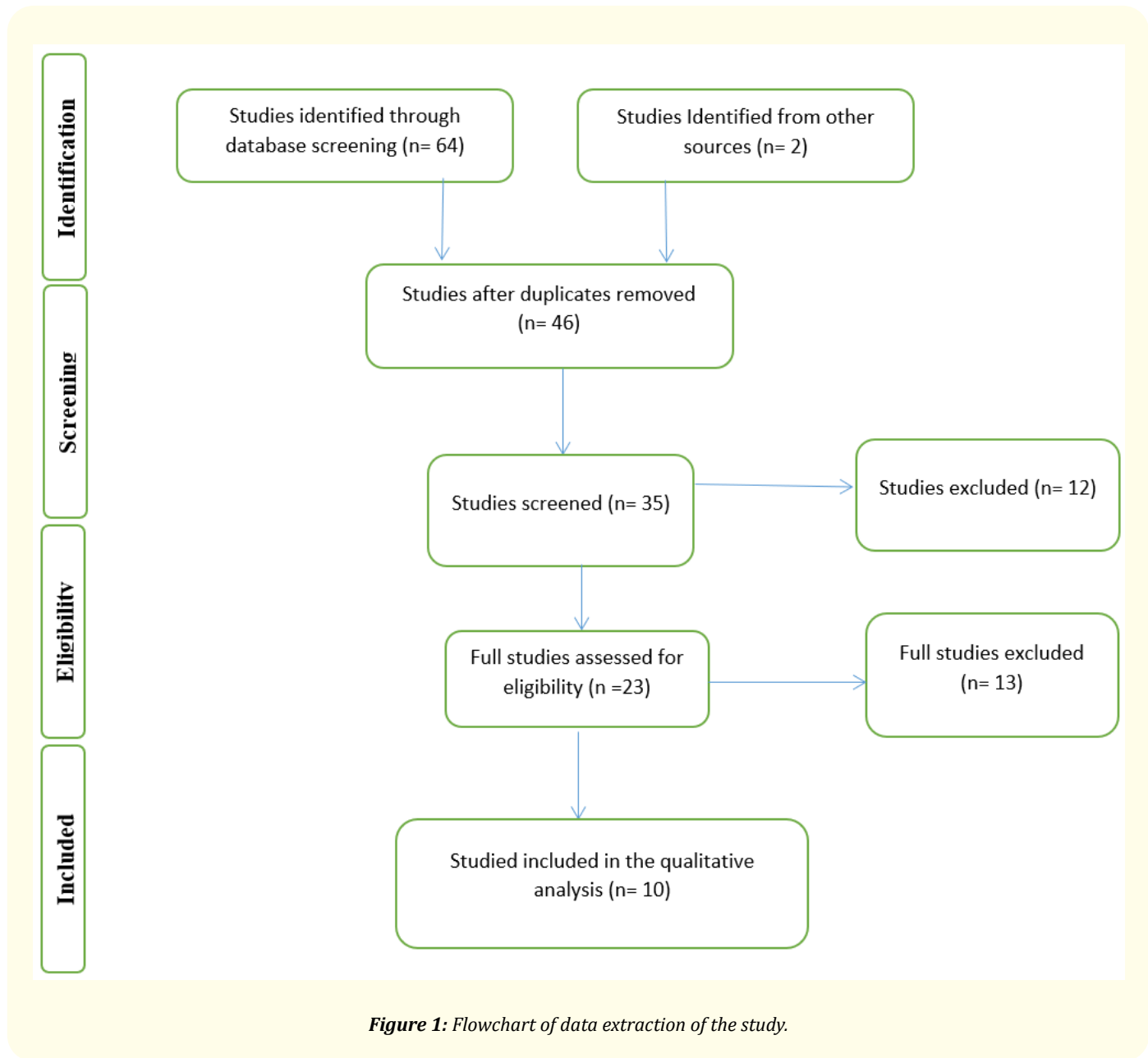


Figure 1: Flowchart of data extraction of the study.

Asmaa Alyaemni, Hana Alhudaithi [7] found that; of all nurses who had experienced violence 74.1% experienced verbal abuse and 18.5% experienced verbal and physical violence. Violence type was associated with gender and educational level. 72.3% of studied nurses reported disappointment with how incidents were handled.

Arwa Talal Algaidi and Reham Nasser Al osaimi [8] reported physical or verbal violence among almost half participants (80.7% verbal and 17.5% both physical and verbal). Lack of security was the reason of violence in (56.5%) of studied cases followed by excessive waiting time (43.5%), shortage of staff (34.8%), lack of patient or relative education (26.1), overcrowding (26.1), Unmet patient demands (21.7%), poor organization of work (21.7%) and patient health condition (21.7%). Psycho-social trauma was the main outcome of violence in (56.5%), minor or major physical injury in (34.8%) and reduces job performance (30.4%).

Al-Shamlan, Nouf A., *et al.* [9] indicated that male nurses, emergency room nurses and nurses who suggested that there were protocols for documenting violence in their workplaces were more vulnerable to verbal assault in the workplace. The majority of victims of abuse surveyed had not reported the cases, mainly because they felt that reporting would not achieve any meaningful effects.

Mohamed AG [10] reported that 93.2% of studied sample were exposed to verbal violence, 32.8% to verbal threat, 28.1% to attempts of physical assault, 17.4% to sexual harassment and 16.2% to actual physical assault. Nurses considered lack of security forces (82 per cent), lack of nursing staff (63 per cent), language differences (36.3 per cent) and uncontrolled mobility of patients in hospitals (21.5 per cent) as a source of their vulnerability to abuse.

Alshehri FA [11] has found that; the most common perpetrators of physical violence was patients (67.7%) while visitors and patients' relatives were recognized as the most common committers of non-physical violence (67.1%). The most prevalent causes attributable to physical abuse were mental state or psychiatric patients (38.5 per cent) waiting for service (58.9 per cent) who attributed most to non-physical violence.

Mobaraki A., *et al.* [12] indicated that violence rates vary according to geographical region, U.S recorded the highest rates for physical violence, sexual harassment and horizontal abuse, while Asia had the highest rates of psychological violence and bullying. Consequences of violence involves reduced physical and mental health, along with increased workplace frustration, burn-out, absences and resignation from work.

Harthi MM., *et al.* [13] found that; 52% of all violence incidents were verbal abuse, 19% physical violence and sexual harassment (3%). The only significant factors associated with occupational abuse were lack of motivation to investigate accidents and Saudi ethnicity.

Alharthy M., *et al.* [14] indicated that verbal abuse (61%) was the most common reported type of violence. The most common committers of violence were patients' relatives (80%) followed by patients themselves (51%). Just 10% of the respondents made a report to a higher authority. Popular reasons for not reporting violent have included belief that they were pointless (56%) and that it is not necessary (52%).

Alkorashy HA and Al Moalad FB [15] indicated that almost all nurses have described patients as the major cause. Nearly half of the above-mentioned understaffing, misunderstandings, lengthy delays for service and lack of staff preparation and crisis prevention policies are contributing factors.

## Discussion

In our study; Alkorashy HA and Al Moalad FB [15] found that nearly half of the respondents faced abuse in the workplace. Any of the respondents interpreted workplace harassment as verbal bullying. Another cross sectional study in the ED in 3 public hospitals in Saudi Arabia showed that the prevalence of violence was 47.8%, which was significantly lower than 89.3% [17]. This was close to the prevalence of 57.5% in 2 government hospitals and 10 primary healthcare centers 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 centers in Riyadh [19].

Most studies have shown that psychological violence (especially verbal abuse) was higher than physical violence [17,20,21]. 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 [22], which can be explained by the stress of acute illness experienced by patients and/or families at the time of the violent act. A study in Macau revealed incidents of verbal abuse (53.4%), physical assault (16.1%), bullying (14.2%), sexual harassment (4.6%) and racial harassment (2.6%) among physicians and nurses [23], which agreed with other studies [24-29]. Esmaeilpour and colleagues reported that 91.6% of nurses had experienced some form of verbal abuse in the past year [30]. Another study in Turkey, Ergun and Karadakovan found that verbal violence (98.5%) was reported considerably more often than physical violence (19.7%) [31]. Graydon, *et al.* [32] reported the same pattern of dominance of verbal abuse in Canada. A survey conducted in emergency departments, ICU and general floor nurses in Florida revealed that 88% and 74% of nurses were victims of verbal and physical assaults respectively in one year [33]. Similar findings were reported by Whitehorn and Nowlan who reviewed the issue of nurse abuse in Canada and found that half of all registered nurses have been physically assaulted in the workplace [34]. A higher rate was reported by Erickson, *et al.* where 82% of the studied nurses in mid-south USA reported exposure to patient assaults in the course of their duties [35].

The major perpetrators of violence are patients and the relatives of patients. Alharthy M., *et al.* [14] reported that most common committers of violence were patients' relatives (80%) followed by patients themselves (51%) while Alshehri FA [11] has found that; the most common perpetrators of physical violence was patients (67.7%) while visitors and patients' relatives were recognized as the most common committers of non-physical violence (67.1%). Most studies, especially in developing countries, had the same findings [36-41].

Mohamed AG [10] Found that nurses the shortage of nursing staff and security personnel were the main causes of violence against them. In agreement with this finding Lee, *et al.* found that high patient/personnel ratio in hospitals is associated with increased risk of violence [42]. Occupational Safety and Health Administration (OSHA) reported that low staffing levels was a major cause of violence [43]. Pich, *et al.* (2011), found that long waiting time was reported to be the dominant risk factor for non-physical violence, lack of strategies and tools for prevention of violence is a risk factor for abuse cases. Need for installation and enactment of preventative measures more than reactive measures was reported. Possible preventative measures may include training on aggression minimization, such as through use of de-escalation techniques [44]. Also, nurses' skills and experience play a significant role prevention of violence; therefore, nurses who are less professional, less experienced, or younger do not have sufficient knowledge to manage the assailant or to meet the needs of the patients, which leads to violence [45].

### Conclusion and Recommendations

Workplace violence was prevalent among ED nurses and verbal abuse was the commonest type. The most important associated factor was absence of security, which was agreed upon by the majority of nurses. Suitable strategies to deal with the issue include establishing workplace violence management teams and creating appropriate rules and regulations that can improve workplace safety for nurses, while improving patient care quality. Security systems and formulation of violence prevention policies and procedures are mandatory measures in emergency departments. In addition, training programs are needed to help support, teach and provide nurses with the knowledge and skills needed to manage violent situations in the workplace.

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