

Violence Directed towards Nurses Working at Al-Medina Hospitals

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Abstract

Background: According to the recent studies, violence in health care is growing and it excessively affects the retention and recruitment of nurses. It also affects burnout levels and sick leave. **Aims:** To determine the physical and verbal abuse violence prevalence against nurses in Al-Medina hospitals. **Methods:** This a descriptive cross sectional study which was conducted in three community hospitals in Saudi Arabia in 2011 using a random sample of 288 nurses. **Results:** The prevalence of physical violence among the population of the study was 26%. Verbal abuse prevalence was 23.3%. Patients/clients were the major perpetrators of the violence (76.0%) followed by patient's family member(s) (24.0%). Whereas 92.0% mentioned that the violence action was preventable. Gender was correlated significantly with verbal abuse violence. **Conclusion:** Our study manifested that the prevalence of physical violence and verbal abuse among nurses at Al-Medina hospitals was high.

Keywords: Violence; Nurses; Hospitals

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Introduction

Violence is an occupational hazard (DHHS 2002) (1). According to The US National Institute for Occupational Safety and Health (NIOSH) workplace violence is defined as any physical or psychological verbal abuse, threatening behavior or assault happening in an employment place. It includes both covert and overt behaviors ranging from psychological aggression to verbal harassment to bullying and murder (2). Violence in the workplace is a public health, multi-faceted, multicausal, legal and social problem dealing with all occupations all over the world (3-4). Numerous healthcare workers will experience work place violence at least once throughout their professional career. Almost a quarter of the world's work place violence takes place in the health division. workplace violence has been recognized as a main health priority by Public Services International, International Council of Nurses and World Health Organization (5). Violent occurrences have an important long-lasting influence on health care workers. Loss of confidence, anger, lower morale, exhaustion, and time off work, change in job status and disability have been reported (6-7). ICN (8) obviously recognizes the quality care deterioration, erosion from nursing and amplified health costs as the negative results of workplace violence. According to a current study, violence in the setting of health care is rising (9-10). The prevalence of verbal and physical abuse in Hong Kong hospitals was 73% and 18% respectively, indicating workplace violence as an important issue against in Hong Kong (11). Origin of the workplace violence can be due to a number of reasons. Individual factors (age, gender, etc.) may increase the risk. Environmental factors (night shifts, inadequate lightning, poor security, etc.) can enhance the risk of being victimized. Excessive workload, understaffing, insufficient working climate, miscommunication and mistrust and numerous

other organizational reasons can cause violence in workplaces (12-13). Violence is not only an occupational health problem but also might have major consequences on the quality of care offered (14).

Matrrial and Methods

Design and setting: This descriptive cross sectional research was performed in 2011. The study population included nurses in three of Al-Medina hospitals, Saudi Arabia. A total of 288 nurses of the three community hospitals were randomly selected. Two copies of the questionnaire were prepared, one in English and the other in Arabic using translation and back-translation psychometric procedures. Completion of the questionnaire constituted informed consent. **Data analysis:** The data were analyzed using SPSS 15. All data are presented in proportions or percentages and means. Statistical comparisons of values between different groups of nurses on their demographical variables were carried out using cross tabs and Chi-square analyses. In all cases a P-value of 0.05 or less was considered significant.

Results

Table 1 summarizes the characteristics of the informants. Table 2 summarizes the characteristics of physical violence. Table 3 summarizes the relationships between reported physical violence and the characteristics of informants. Table 4 summarizes the characteristics of verbal abuse. Table summarizes the relationship between verbal abuse and the characteristics of informants.

Discussion

According to findings of the current research, the prevalence of physical violence is 26% which is higher than what was reported by the study of Mohamed et al. (15). Physical



Variables	Frequency	Percent (%)
Age		
29 and under	157	54.5
30 - 50	109	37.9
above 50	22	7.6
Gender		
Male	43	14.9
Female	245	85.1
Job Main Time		
Full time	279	96.9
Part time	9	3.1
Nationality		
Saudi	114	39.6
Non-Saudi	178	61.8

Table 1: Characteristics of the informants (n= 288)

violence was 16.2% which was also higher than the result of study conducted by El-Gilany et al. (16) in which violence against main healthcare workers in Al-hassa, Saudi Arabia was studied. About 28% of the studied population were exposed to at least one violent event throughout the past year. It is also recognized that the physical violence's prevalence in this study is less than the study conducted by Adib et al (17) in Kuwait which reported higher prevalence of physical violence (51.0%). The results were also higher than Kowk et al. (11) in Hong Kong which reported that violence had been experienced by 320 of 420 nurses (76%). Aytac et al. showed that workplace violence prevalence is (44.8%) (18). In addition, a survey done by Nachreiner et al. (19) in Minnesota, U.S showed that the majority of respondents were females (96.0%) compared to (67.8%) in our study. We found that work experience (years) was significantly associated (P value 0.000) with being exposed to workplace violence and as the number of years of work experience increased, similar findings were gained from a research among U.S. workforce (20). Even though some researches in the literature discovered a contradictory statement that recommends inexperienced and new workers were particularly susceptible to

violence (16), Ayranci et al. (21) showed that gender is correlated significantly with physical violence (P value = 0.034) and that females are more subjected to violence compared to males. These findings contradict the findings of Aytac et al. (18) in which nearly most of the physical violence's victims were males; while victims of verbal violence were found to be females. The data of the results indicated that nationality is correlated significantly with physical violence (P value = 0.020) and non-Saudi nurses are more exposed to physical violence. The result is consistent with findings reported by Adib et al. (17)

Variables	Frequency	Percent (%)
Physical Violence		
Yes	75	26.0
No	213	74.0
Violence action by?		
Patients / Clients	57	76.0
Family member (s)	18	24.0
Is Violence normal?		
Yes	13	17.3
No	62	82.7
Was the violence action preventable?		
Yes	69	92.0
No	6	8.0
Was the incidence investigated?		
Yes	16	21.3
No	4	5.3
Do not know	55	73.4

Table 2: Characteristics of Physical Violence (n= 288)

In which it was reported that non-Kuwaiti nurses were more exposed to violence. Patients/clients were reported most frequently as the source of physical violence (76.0%); this is consistent with previous reports (22%) of nurses reported that they were frequently exposed to violent incidents from patients and their relatives (22). In 62.8% of violence events, patients were the perpetrators; whereas, 16.7% of events was committed by the relatives. Only 7.4% of nurses were physically injured due to

Prevalence of physical violence			
Variables	Yes	No	P value
Country of origin			
Saudi	21	93	0.020
Non Saudi	54	120	
Gender			
Male	6	67	0.034
Female	69	176	
Work experience (years)			
≤ 5	30	116	0.000
6 - 10	31	43	
≥ 11	14	39	

Table 3: Relationships between reported physical violence and the characteristics of informants (n = 288)

violence events in Moustafa et al. study (23). Patients were the major violence perpetrators (54.5%) and patient's friends/relatives (18.2%) in Azodo et al. study (24). According to Kwok et al., in all cases the major perpetrators were patients and their relatives. Our study found that 92.0% of the exposed nurses considered the physical violence events preventable; this was higher than in the study conducted by Moustafa et al. (23) in which only 55.8% of exposed nurses believed that these events could be prevented.

This study found the prevalence of verbal abuse violence to be 23.3%, which is less than the study conducted to investigate the prevalence of violence against nursing staff in Ismailia governorate, Egypt. In that study, 187 (69.5%) verbal abuses were reported (23). Relatives of patient/client were reported most frequently as the source of verbal abuse violence (53.7%) followed by Patient/client (25.4%). The study data showed that gender is

correlated significantly with verbal abuse violence (P value = 0.010) and that females are more subjected to violence compared to males.

Variables	Frequency	Percent (%)
Prevalence of verbal abuse		
Yes	67	23.3
No	221	76.7
Frequency of verbal abuse		
All the times	8	11.9
Sometimes	57	85.1
Once	2	3.0
Who verbally abused you?		
Patient/client	17	25.4
Relatives of patient/client	36	53.7
Staff member	13	19.4
External colleague/worker	1	1.5

Table 4: Characteristics of verbal abuse (n= 288)

Variables	Prevalence of physical violence		P value
	Yes	No	
Country of origin			
Saudi	40	74	0.000
Non Saudi	27	147	
Gender			
Male	17	26	0.010
Female	50	195	
Work experience (years)			
≤ 5	40	106	0.039
6 - 10	14	60	
≥ 11	13	38	

Table 5: The relationship between verbal abuse and the characteristics of informants (n = 288)

These results are in line with other studies conducted by Azodo et al. and Adib et al. (24, 17).

Conclusion

The prevalence of physical violence and verbal abuse among nurses at Al-Medina hospitals was high. Patients/Clients were most

frequently the source of physical violence while their relatives were most frequently the source of verbal abuse violence.

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