

# Workplace Violence against Health Care Providers in Emergency Departments: an Underrated Problem

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## Abstract

**Background:** Staff employed in emergency departments (EDs) in the hospitals are excessively prone to workplace violence (WPV) in comparison to individuals working in other departments. Such thing lead to slight or serious injuries to these employees. In addition, it may cause physical injury and disability, low performance at job, and finally an uncomfortable working setting for the staff.

**Materials and methods:** A descriptive study was applied to assess the prevalence of WPV and related factors. This study was conducted at the EDs of four teaching hospitals in Al-Nasiriyah city. Study sample was drawn from emergency physicians, nurses, pharmacists, and laboratory technicians. Both genders staffs were included.

**Results:** The results involved answers from 426 employee in the emergency department. The most reported form of violence in the staff in the past year in this research was emotional violence, which is reported by 78.5% of the sample, then physical abuse (14.3%) and sexual abuse at last (5.2%).

**Conclusion:** This study exhibited many findings on a group of WPV cases, in addition to the features and issues related to exposure to violence. The findings undoubtedly prove the priority of considering this issue in Iraqi hospitals and the importance to develop urgent and appropriate interventions.

**Keywords:** *emergency department, hospital safety, health care providers, workplace violence, Iraq*

## Introduction

WPV in the medical sector has become a worldwide phenomenon and one of the largest fears of general health that needs high and urgent consideration of health organizations. The World Health Organization (WHO) describe WPV 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, maldevelopment, or deprivation”.<sup>(1)</sup>

Violence happens in all work settings. Yet, particular economic sectors are primarily prone to violence, for instance, nearly 25% of all violent cases at work are in the health sector.<sup>(2)</sup> Although violence (psychological or physical) toward providers of health care is stated .as widespread occupational threat<sup>(3)</sup>, the actual extent of the problem is highly unidentified, and current studies presented that the current statistics represent merely the iceberg tip.<sup>(4)</sup> The exact prevalence of violence in health industry is hard to approximate. While physical workplace violence has been continuously documented, the psychological violence incidence has been largely underrated and is today getting due consideration.<sup>(5)</sup> It has been presented that over than half of health care providers have been experienced workplace violence at some time throughout their medical line of business.<sup>(6)</sup>

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In addition, studies and papers from various countries exhibited that the medical staff percentage that exposed to violence was as large as 50% to 88%. (7, 8, 9, 10, 11, 12, 13)

The mainstream of occurrences of WPV in health care settings were reported to happen in the ED than other sections of the hospital. (14, 15, 16, 17) Even though attention to violence in the workplace in the health industry has developed significantly in the developed world, WPV still seems to be an underrated topic in numerous developing countries. (18, 19) Workplace violence toward ED staff has been infrequently investigated in third world countries including Iraq; therefore, the actual extent of the problem is mostly unknown until today. Therefore, the goals of this study are to approximate the incidence and linked factors of various kinds of violence directed toward health care providers working in emergency department in comparison with staff functioning in non-emergency departments, conditions of violence, type of offenders, and victims' response.

## Materials and Methods

### - Study Design:

Descriptive design was used during 9<sup>th</sup> of March 2019 to 21<sup>st</sup> of September 2019.

### -Setting of the Study:

Four teaching hospitals in Al-Nasiriyah were the sitting of the study (Al-Hussein Teaching Hospital, Bint-Alhuda Teaching Hospital, Mohammed Almosawey Teaching Hospital, and Al-Haboobi Teaching Hospital).

### - Study Sample:

A random (probability) sample of (503) health care providers (physicians, nurses, pharmacists, and laboratory technicians), who were working in emergency departments.

### -The Study Instrument:

The authors constructed a questionnaire to achieve the study objectives.

### Part 1: Demographic Data:

Socio-demographic data sheet composed of six points that included (age, gender, marital status, years of experience, work sector, job title).

## Part II. Data regarding WPV:

The questionnaire consisted of a number of items related to incidence, types, Contributing factors, Consequences, Coping mechanisms, and suggested solutions regarding WPV.

### -Data Collection:

Sector managers gathered data from health care workers under authors' supervision. The questionnaire was distributed separately to them. Sector managers clarified the study objectives and answered any inquiries associated to questionnaire.

### -Pilot Study:

In order to estimate the study instrument (questionnaire) reliability, A (10) nurses sample were designated; responses were calculated through applying the Alpha Cronbach parameter, which exhibit that the person correlation coefficient = (0.83). Pilot study was conducted at AL Hussein Teaching Hospital and the sample of the pilot study was excluded from the original study sample.

### -Validity:

Study instruments validity were determined by a group of (12) experts, who had more than 5 years of experience in public health nursing and occupational safety.

## - Data Analysis

With the purpose of analyze the collected data, the statistical package of social sciences (SPSS) ver. (25) were used (Percentage, Frequency, Mean, Standard deviation, Mean of score, and Chi-square).

## Results

The study exposes that 426 (84.6%) of health care providers have experience 813 physical, emotional/psychological, and sexual violence assaults within the past year. With a mean of  $\approx 2$  attacks in the past 12 months. More than 1/3 (41.2%) of them reported one violence attack of any type in the past year. Health care providers aged 25-29 years old married males, of 11 or more years of experience, and nurses are prone to violence more than others (Table 1).

**Table (1) Distribution of Health Care Providers according to Socio - Demographic Characteristic (N= 503)**

		Total	Exposed to Violence	
SDVs	Group	Frequency	Frequency (%)	$\chi^2$
Overall		503	426 (84.6)	
Age	18-25 years	193	131 (67.8)	18.5*
	25-29 years	160	153 (95.6)	
	30-34 years	108	102 (94.4)	
	35 years and over	42	40 (95.2)	
Gender	Male	215	201 (93.4)	3.75
	Female	288	225 (78.1)	
Marital status	Single	264	203 (76.9)	7.74
	Married	209	199 (95.2)	
	divorced	19	18 (94.7)	
	Widowed	11	6 (54.5)	
Years of experience	1-5 years	247	200 (80.9)	28.3
	6-10 years	104	87 (83.6)	
	11 years and over	152	139 (91.4)	
Job title	Physician	49	33 (67.3)	15.6**
	Nurse	351	341 (97.1)	
	Pharmacist	39	24 (61.5)	
	Laboratory technician	64	28 (43.7)	

%=percentage, N= number of sample,  $\chi^2$ = chi-square test.

\* $p \leq .05$ , \*\* $p \leq .01$ .

**Table (2) Types of Violence in 813 Reported Occasions**

Type	Frequency (%)
Physical	116 (14.3)
Pushing	64 (7.9)
Beating	38 (4.7)
kicking	10 (1.2)
Others (Pinching, slapping, biting)	4 (0.5)
Emotional (psychological)	638 (78.5)
Verbal abuse	270 (33.2)
Threat of using physical strength	188 (23.1)
Bullying	138 (17)
Sexual harassment	42 (5.2)
Both physical and emotional	59 (7.2)

**Table (3) Contributing Factors as Informed by 426 Health Care Workers**

Contributing Factors	Frequency (%)
Excessive numbers of patients	312 (73.2)
Low quality services	271 (63.6)
Absence of punishment for offenders	264 (61.9)
Impatience (patient intolerance)	215 (50.4)
Reaction to injury/accident/death	167 (39.2)
Lacking of staff	165 (38.7)
Security shortage	130 (30.5)
Disobedience of working system	130 (30.5)
Poor administration	111 (26)
Deficiency of protective measures	104 (24.4)
Mental illness/ alcohol and drug misuse	73 (17.1)

**Note: Classes are not mutually exclusive.**

Table 2 displays that emotional (psychological) is the most common form of violence. The most frequent contributive factors to violence as experienced by victims are excessive numbers of patients, low quality services, and absence of punishment for offenders (Table 3). The most common consequences of violence are angry, irritability, and feeling suspicious. Other factors are listed in Table 4 below. Table 5 shows that majority of victims pretended that violence events did not happen, other common coping approaches are Informing coworker, and Inform friends / family.

**Table (4) Violence Consequences as Informed by 426 Health Care Providers who experienced Violence in the Past 12 Months**

Consequences	Frequency (%)
Anger	218 (51.2)
Irritability	168 (39.4)
Feeling suspicious	162 (38)
Work dissatisfaction	133 (31.1)
Upset	104 (24.4)
Anxiety	82 (19.2)
Planning for resignation	30 (7)
Decrease performance and efficacy	28 (6.6)
Low enthusiasm	14 (3.3)

Note: Classes are not mutually exclusive.

**Table (5) Coping Approaches of 426 Workers who experienced Violence**

Coping Approach	Frequency (%)
Pretended nothing occurs	325 (76.3)
Inform coworker	311 (73)
Inform friends / family	278 (65.2)
Take no reaction	202 (47.4)
Take off work time	147 (34.5)
Trying to overlook the happening	123(28.9)
React to the offenders	68 (16)
Inform to manager/supervisor	51 (12)

Note: Classes are not mutually exclusive.

## Discussion

Workplace violence is considered one of the most insistent problems in health industry nowadays, and in developing countries, the impact of this issue is much stronger. So, urgent and appropriate solutions are needed. This study investigated WPV toward emergency health care providers in 4 hospitals in Al-Nasiriyah city/ Iraq. The study collected data on the incidence, features, and factors connected to WPV during the previous 12 months. The outcome of this study reveals high incident of violence (813 events in 426 victims). WPV affected different types of health care workers in the emergency including physicians, nurses, pharmacists, and laboratory technicians. This proposes that WPV is a principal concern that affects and needs to be addressed in Iraq. The results of high WPV incidents in ED in this research is incongruence with previous findings and proposes that WPV is a major concern in emergency departments and hospital settings, and that is marked in multiple countries. (20, 21, 22) Past literature viewing the greater jeopardy of nurses to face violence (23, 24) and this study shows the same, this is probably due to the point that nurses have further interaction with patients.

Particular studies have approved that verbal abuse is greatly present toward staff in the EDs (25, 26, 27) which is also confirmed by the current study by representing that there were numerous incidents of verbal abuse against staff in the emergency department. Sexual harassment shows low numbers in this study due to gender separation in almost all of health care activities regarding Islamic religion and community culture. Moreover, sexual harassment is underreported in majority of countries and it is unlikely to be reported. So, this hides the actual extent of the problem. In addition, women's fear of talking in public on this issue could result in low reporting percentage.

Previous study propose that the overall culture of the work place must be considered during assessment of the risks of workplace violence, and that a "participatory" working environment with open discussion and communication can resolve the threat of violence (5) (in this study for example, things like gender segregation and fear of community judgment may result in low reporting numbers of sexual abuse).

Factors contributing for WPV are multiple according to the literature and many of the previous studies<sup>(5)</sup> that agree with findings of this study, and that are excessive numbers of patients, low quality services, absence of punishment for offenders. Not all violence against health care providers is lethal. Still, violence had multiple consequences, and the most common are feeling anger, irritability, and becoming suspicious. Similar consequences were stated in diverse extents in multiple previous studies.<sup>(5, 28, 29)</sup>

It may be different how various health care workers adapt to WPV. However, in this study the three most common coping mechanisms are victims pretended nothing occurs, informing coworker, and informing friends / family. Accordingly, the three uppermost solutions that suggested by the study sample were provide training programs on violence prevention and control, apply appropriate punishment for offenders, and improve directorial measures. These findings agree with the suggestion from past study that workplace violence is a consequence of greater administrative and organizational problems and proposes that enhancements made to organizational structures could show to be of a benefit.<sup>(30)</sup> Many other studies agrees with the solutions above.<sup>(29)</sup>

### Conclusion

Gathering and supplying data on WPV in emergency departments is decisive for signifying the importance of this issue and pushing toward modifications that could guard health care providers. This study validates that regardless of the poor literature on WPV in emergency departments in Iraq, this topic is very significant in our region, and changes are mandatory.

**Ethical Clearance:** The Research Ethical Committee at scientific research by ethical approval of both MOH and MOHSER in Iraq

**Conflict of Interest:** Non

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