

## Overview of Violence against Nursing Staff in Saudi Arabia: Simple Review Article

Dhaifallah Ali Al Musri<sup>1\*</sup>, Hussain Abdullah Ablan<sup>2</sup>, Qublan Hamad Almutyif<sup>3</sup>, Mahdi Mana Mohd Alzamanan<sup>4</sup>, Ali Hussain Alabbas<sup>5</sup>, Salem Matar Alsari<sup>6</sup>

<sup>1</sup>Director of adult critical care nursing diploma programs in Najran region, ICU, Supervisor in King Khalid Hospital, Najran, Saudi Arabia

<sup>2</sup>Nursing Specialist, oncology department, king Khaled hospital Najran, Saudi Arabia

<sup>3</sup>Specialist staff nurse, Medical ward, king Khalid in Najran Saudi Arabia

<sup>4</sup>Staff Nurse in Al Diyyafah Dispensary, Najran, Saudi Arabia

<sup>5</sup>Staff Nurse in Al Diyyafah Dispensary, Najran, Saudi Arabia

<sup>6</sup>Supervisor of PHC's Ada'a Unit, Najran, Saudi Arabia

DOI: [10.36348/sjnhc.2022.v05i12.003](https://doi.org/10.36348/sjnhc.2022.v05i12.003)

| Received: 19.11.2022 | Accepted: 24.12.2022 | Published: 28.12.2022

\*Corresponding author: Dhaifallah Ali Al Musri

Director of adult critical care nursing diploma programs in Najran region, ICU, Supervisor in King Khalid Hospital, Najran, Saudi Arabia

### Abstract

Nurses are the primary care givers in hospitals and are more likely to encounter violence because of the amount of time spent in direct patient care. This study aimed to explore recent workplace violence literature against nurses in Saudi Arabia in terms of prevalence, precipitating factors and recommendations for prevention. PubMed, Web of Science, Science Direct, EBSCO, SCOPUS, Wiley, and Cochrane Library were searched. Study articles were screened by title and abstract then a full-text assessment was implemented. Violence against nurses could be in various forms of aggression and bullying that often manifests as verbal abuse, physical abuse, and emotional torture, which is cruel, rude, vindictive, humiliating and/or offensive. It is a public health and legal problem. Nurses are most of the healthcare workforce in Saudi Arabia, and more likely to encounter violence. Violence against nurses impairs job performance after the incident. It also reduces job satisfaction and may compel nurses to leave their job. Perpetrators are found to be patients, relatives, and co-workers. Improving health security system and increasing staffing and their training on proper dealing with violence are highly recommended. Also, enforcing rules and regulations is an important demand to control and prevent violence against health care workers.

**Keywords:** Violence, nursing staff, factors, prevention, Saudi Arabia, Simple review.

**Copyright © 2022 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

### INTRODUCTION

Workplace violence is a worldwide phenomenon and common in every healthcare facility. This could be in various forms of aggression and bullying that often manifests as verbal abuse, physical abuse, and emotional torture, which is cruel, rude, vindictive, humiliating and/or offensive. It is a public health and legal problem [1]. Violence against nurses is a silent epidemic. Until relatively recently, little attention had been paid to this problem. Today, concerns are rising about the escalating levels of violence against nurses [1].

Nurses are the primary care givers in hospitals and are more likely to encounter violence because of the

amount of time spent in direct patient care. Most nurses are not trained to manage explosive situations [2]. They are likely to under report exposure to violence because of their fear that employers may deem assaults the result of their negligence or poor job performance. In addition, some nurses consider violence as part of their job.

Violence against nurses impairs job performance after the incident. It also reduces job satisfaction and may compel nurses to leave their job. In Saudi Arabia, nurses make important contributions to the healthcare sector as healthcare providers. Moreover, it is predicted that the demand for nurses in Saudi Arabia will be more than doubled by 2030, as the annual population growth continues to increase at an

annual rate of 2.52%. This shows that almost 150,000 nursing positions should have been filled by 2030. To meet this need without overseas recruitment, approximately 10,000 new nurses should graduate and be employed each year in Saudi Arabia [3].

The significance of workplace violence among nurses was more than the priority for policymakers, researchers and nurse managers locally and internationally. Most studies investigated workplace violence were conducted in Asia, Europe and North America. Interestingly, most of the published studies in the Middle East and Saudi Arabia were reported the forms of workplace violence. For instance, studies conducted in Jordan, Lebanon and Saudi Arabia found the verbal abuse is the most vulnerable workplace violence. However, limited studies investigated the perpetrators of workplace violence in the Middle East. In Oman, visitors and patient's family members were the most raiders to workplace violence [4].

### Objectives of the study

This study aimed to explore recent workplace violence literature against nurses in Saudi Arabia in terms of prevalence, Precipitating factors and recommendations for prevention.

### Prevalence

In Saudi Arabia, in line with Vision 2030 and the Ministry of Health's (MOH) endeavour to provide and raise the level of health services for all citizens, many achievements have been made, including an increase in healthcare facilities to provide comprehensive and accessible healthcare services (MOH, 2018a). Despite these efforts and achievements, programmes to mitigate workplace violence among healthcare professionals are needed [5]. Nurses are most of the healthcare workforce in Saudi Arabia, with a total of 82,505 nurses in the public sector and 44,708 in the private sector (MOH, 2018b). Violence against nurses had been a major challenge for the hospital directors particularly with its aftermath negative impacts resulting in poor performances and low self-confidence and esteem [6]. Based on the MOH annual report 1437-1438H (2016-2017G), expatriate nurses represent 40% (with a total of 32,832) of the nursing workforce in the public sector and 94.5% (with a total of 42,258) in private sector in Saudi Arabia (MOH, 2018b, pp. 76 & 376). Expatriate nurses refer to all non-Saudi nurses. A study reported by Alhusain *et al.* revealed that non-Arabic speaking healthcare workers are more likely to be exposed to violence than Arabic speakers. In a study conducted among 738 healthcare workers in 2 government health facility in Abha City, Saudi Arabia, 57.5% of the respondents were victims [7]. Verbal assaults and slaps were the most common forms of violence. Another study conducted in a Saudi university hospital found out that almost half of the total sample quota of 360 nursing personnel had experienced violence during the 12-month period before the study

was formally conducted using the Massachusetts Survey on Workplace Violence/Abuse [8].

In the Middle East, for instance, a study conducted in Palestine revealed 80.4% of workplace violence, of which 20.8% were referred to physical and 59.6% were referred to non-physical workplace violence among physicians and nurses. Furthermore, substantial proportions of nurses have experienced workplace violence in Jordan and Lebanon, with a ratio of 75% and 64.8%, respectively [9]. These international studies concluded that workplace violence may lead a professional to render poor quality of patient care and this could make huge impacts on the nursing profession. Earlier systematic review study with a total of 3 million participants of the eligible studies found out that 61.9% of healthcare professionals were reported workplace violence. Despite this fact, various works of literatures and studies were tackling this controversial issue; however, limited information about this phenomenon against healthcare professionals in the Gulf Cooperation Council (GCC) countries is available. 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. Many studies revealed that nurses in the emergency and psychiatric departments were at a significantly greater risk of assaults [10].

### Perpetrators

Perpetrators were identified based on countless observations and research investigations. Surprisingly, almost the same worldwide such as patients (36.6%), relatives (17.5%), co-workers (7.7%) and supervisors (6.3%), the causes of violence as perceived by the sampled healthcare workers were the lack of education and long waiting time (56% for each), followed by culture and personality (55%), staff shortage (52%), overcrowding (48%), workload (42%), lack of security (41%), while drug abuse by patients' relatives was recorded by 22% and the lack of witnesses by 19%. Night shifts are associated with higher prevalence of violent incidents. This may be due to the fact that patients who come to a health center at night are usually urgent cases with a low threshold for waiting and perhaps are unwilling to listen any advice or excuse from healthcare providers [11].

### Precipitating factors of violence

Several factors contribute to the emergence of violence against nurses. These include organizational, individual and situational factors [12]. The findings indicated that understaffing, particularly during meal times and visiting hours, was the most frequently reported factor (53.6%) by the participants. Moreover, "misunderstandings" was cited due to the communication barrier among nurses and patients (54.4%) and "working directly with volatile individuals" (42.5%). About a third (32.6%) of the participants reported "long waits for service" and a

similar proportion (31.9%) cited “inadequate security” as factors leading to WPV. “Lack of staff training and policies for preventing crisis” was the only organizational factor that showed a statistically significant difference between groups ( $\chi^2 = 5.375, P = 0.020$ ) [13].

### **Preventative measures toward health care violence**

Violence against health workers is unacceptable. It has not only a negative impact on the psychological and physical well-being of health-care staff, but also affects their job motivation. As a consequence, this violence compromises the quality of care and puts health-care provision at risk [14]. It also leads to immense financial loss in the health sector.

A written program for workplace violence prevention, incorporated into an organization’s overall safety and health program, offers an effective approach to reduce or eliminate the risk of violence in the workplace. The building blocks for developing an effective workplace violence prevention program include:

#### **1. Management commitment and employee participation**

Management commitment and worker participation are essential elements of an effective violence prevention program [15]. The leadership of management in providing full support for the development of the workplace’s program, combined with worker involvement is critical for the success of the program. Developing procedures to ensure that management and employees are involved in the creation and operation of a workplace violence prevention program can be achieved through regular meetings—possibly as a team or committee [5]. Effective management leadership begins by recognizing that workplace violence is a safety and health hazard [16]. Management commitment, including the endorsement and visible involvement of top management, provides the motivation and resources for workers and employers to deal effectively with workplace violence.

#### **2. Worksite analysis**

A worksite analysis involves a mutual step-by-step assessment of the workplace to find existing or potential hazards that may lead to incidents of workplace violence. Cooperation between workers and employers in identifying and assessing hazards is the foundation of a successful violence prevention program [17]. The assessment should be made by a team that includes senior management, supervisors and workers. Although management is responsible for controlling hazards, workers have a critical role to play in helping to identify and assess workplace hazards, because of their knowledge and familiarity with facility operations, process activities and potential threats [18].

#### **3. Hazard prevention and control**

After the systematic worksite analysis is complete, the employer should take the appropriate steps to prevent or control the hazards that were identified. To do this, the employer should: (1) identify and evaluate control options for workplace hazards; (2) select effective and feasible controls to eliminate or reduce hazards; (3) implement these controls in the workplace; (4) follow up to confirm that these controls are being used and maintained properly; and (5) evaluate the effectiveness of controls and improve, expand, or update them as needed [19].

#### **4. Safety and health training**

Education and training are key elements of a workplace violence protection program, and help ensure that all staff members are aware of potential hazards and how to protect themselves and their coworkers through established policies and procedures. Training can: (1) help raise the overall safety and health knowledge across the workforce, (2) provide employees with the tools needed to identify workplace safety and security hazards, and (3) address potential problems before they arise and ultimately reduce the likelihood of workers being assaulted [20]. The training program should involve all workers, including contract workers, supervisors, and managers. Workers who may face safety and security hazards should receive formal instruction on any specific or potential hazards associated with the unit or job and the facility. Such training may include information on the types of injuries or problems identified in the facility and the methods to control the specific hazards. It may also include instructions to limit physical interventions in workplace altercations whenever possible [21].

#### **5. Recordkeeping and program evaluation**

Recordkeeping and evaluation of the violence prevention program are necessary to determine its overall effectiveness and identify any deficiencies or changes that should be made [22]. Accurate records of injuries, illnesses, incidents, assaults, hazards, corrective actions, patient histories and training can help employers determine the severity of the problem; identify any developing trends or patterns in particular locations, jobs or departments; evaluate methods of hazard control; identify training needs and develop solutions for an effective program. Records can be especially useful to large organizations [23].

## **CONCLUSION**

Workplace violence is a worldwide phenomenon and common in every healthcare facility. This could be in various forms of aggression and bullying that often manifests as verbal abuse, physical abuse, and emotional torture, which is cruel, rude, vindictive, humiliating and/or offensive. It is a public health and legal problem. Nurses are most of the healthcare workforce in Saudi Arabia, and more likely to encounter violence. Violence against nurses impairs

job performance after the incident. It also reduces job satisfaction and may compel nurses to leave their job. Perpetrators are found to be patients, relatives, and co-workers. Improving health security system and increasing staffing and their training on proper dealing with violence are highly recommended. Also, enforcing rules and regulations is an important demand to control and prevent violence against health care workers.

## REFERENCES

- Harilow, S. (2000). Ending the silence on violence. *Australian Nursing Journal*, (10), 26–30.
- Al Anazi, R. B., AlQahtani, S. M., Mohamad, A. E., Hammad, S. M., & Khleif, H. (2020). Violence against health-care workers in Governmental Health Facilities in Arar City, Saudi Arabia. *The Scientific World Journal*, 1-6. 10.1155/2020/6380281
- Alameddine, M., Mourad, Y., & Dimassi, H. (2015). A national study on nurses' exposure to occupational violence in Lebanon: Prevalence, consequences and associated factors. *PLoS One*, 10(9), e0137105 10.1371/journal.pone.0137105
- ALBashtawy, M., & Aljezawi, M. (2016). Emergency nurses' perspective of workplace violence in Jordanian hospitals: A national survey. *International Emergency Nursing*, 24, 61-65. 10.1016/ienj.2015.06.005
- Alhusain, F., Aloqalaa, M., Alrusayyis, D., Alshehri, K., Wazzan, S., Alwelyee, N., & Aljerian, N. (2020). Workplace violence against healthcare providers in emergency departments in Saudi Arabia. *Saudi Journal of Emergency Medicine*, 1(1), 5–14. 10.24911/SJEMED.72-1571404869
- Alkorashy, H. A., & Al Moalad, F. B. (2016). Workplace violence against nursing staff in a Saudi university hospital. *International Nursing Review*, 63(2), 226–232. 10.1111/inr.12242 [PubMed] [CrossRef] [Google Scholar]
- Erickson, L., & Williams-Evans, S. A. (2000). Attitudes of emergency nurses regarding patient assaults. *Journal of Emergency Nursing*, 26(3), 210-215.
- Nolan P., Saores J., Dallender J., Thomsen S., & Aretz, B. (2001). A comparative study of expences of violence of English and Swedish mental health nurse. *Int J Nurs Stud*, 38(4), 419-426.
- Al-Maskari, S. A., Al-Busaidi, I. S., & Al-Maskari, M. A. (2020). Workplace violence against emergency department nurses in Oman: A cross-sectional multi-institutional study. *International Nursing Review*, 67(2), 249–257. 10.1111/inr.12574
- Alqahtani, M. A., Alsaleem, S. A., & Qassem, M. Y. (2020). Physical and verbal assault on medical staff in emergency hospital departments in Abha City, Saudi Arabia. *World Family Medicine*, 18(2), 94–100. <http://www.mejfm.com/February%202020/Violence.htm> [Google Scholar]
- Alsaleem, S. A., Alsabaani, A., Alamri, R. S., Hadi, R. A., Alkhayri, M. H., Badawi, K. K., Badawi, A. G., Alshehri, A. A., & Al-Bishi, A. M. (2018). Violence towards healthcare workers: A study conducted in Abha City, Saudi Arabia. *Journal of Family and Community Medicine*, 25(3), 188–193. 10.4103/jfcm.JFCM\_170\_17 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Alshehry, A., Alquwez, N., Almazan, J., Namis, I., Moreno-Lacalle, R., & Cruz, J. (2019). Workplace incivility and its influence on professional quality of life among nurses from multicultural background: A cross-sectional study. *Journal of Clinical Nursing*, 28(13-14), 2553–2564. 10.1111/jocn.14840.
- May, D. D., & Grubbs L. M. (2002). The extent, nature, and precipitating factors of nurse assault among three groups of registered nurses in regional medical centre. *J Emerg Nurs*, 28(1), 11–17.
- Basfr, W., Hamdan, A., & Al-Habib, S. (2019). Workplace violence against nurses in psychiatric hospital settings: Perspectives from Saudi Arabia. *Sultan Qaboos University Medical Journal*, 19(1), e19–e25. 10.18295/squmj.2019.19.01.005
- Bent, S. (2016). Workplace violence. *American Journal of Nursing*, 116(9), 13 10.1097/01.NAJ.000494674.08219.d7 [PubMed] [CrossRef] [Google Scholar]
- Brewer, G., & Whiteside, E. (2012). Workplace bullying and stress within the prison service. *Journal of Aggression, Conflict and Peace Research*, 4(2), 76–85. 10.1108/17596591211208283 [CrossRef] [Google Scholar]
- Liu, H., Zhao, S., Jiao, M., Wang, J., Peters, D. H., Qiao, H., ... & Wu, Q. (2015). Extent, nature, and risk factors of workplace violence in public tertiary hospitals in China: a cross-sectional survey. *International journal of environmental research and public health*, 12(6), 6801-6817. doi: 10.3390/ijerph120606801. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- ILO/ICN/WHO/PSI. *Framework Guidelines for Addressing Workplace Violence in the Health Sector/Joint Programme on Workplace Violence in the Health Sector*. Geneva, Switzerland: WHO; 2002. <http://www.who.int/iris/handle/10665/42617>. [Google Scholar]
- Abdellah, R. F., Salama, K. M. (2017). Prevalence and risk factors of workplace violence against health care workers in emergency department in Ismailia, Egypt. *The Pan African Medical Journal*, 26, 21. doi: 10.11604/pamj.2017.26.21.10837.
- Alharthy, N., Mutairi, M. A., Alsahli, A., Alshehri, A., Almatrafi, A., Mahah, A., ... & Qureshi, S. (2017). Workplace violence among emergency medical services workers in Riyadh, Saudi

- Arabia. *Journal of Hospital Administration*, 6(3), 26-32. doi: 10.5430/jha.v6n3p26.
21. Alkorashy, H. A. E., & Al Moalad, F. B. (2016). Workplace violence against nursing staff in a Saudi university hospital. *International nursing review*, 63(2), 226-232. doi: 10.1111/inr.12242.
22. Al-Turki, N., Afify, A. A., & AlAteeq, M. (2016). Violence against health workers in Family Medicine Centers. *Journal of multidisciplinary healthcare*, 9, 257-266.
23. Waleed M, A., & Saad A, A. (2012). Violence exposure among health care professionals in Saudi public hospitals. A preliminary investigation. *Saudi Medical Journal*, 33(1), 76–82.