

Risks of Workplace Violence against Healthcare Providers in Jordan

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Abstract: *Framework: this study comes to determine the prevalence of workplace violence against healthcare providers, identify the effects of abusive behavior on healthcare providers and their work performance, describe the policies and supportive interventions that exist in the workplace to deal with violence and recommend policy directions, and to propose strategies to prevent the workplace violence. Methodology: this study used the internal key performance indicator that related to workplace violence in King Hussein medical city. SPSS (21) was used to analysis the data collected by Quality Departments in King Hussein medical city. Results: the result showed the presence of workplace violence against healthcare providers in Jordan, it was also found that the numbers of healthcare providers who were subjected to verbal violence were more than those who experienced physical violence.*

Keywords: Workplace Violence, Healthcare Providers, Verbal Violence, Physical Violence.

1. Introduction

Violence against healthcare providers is an important issue nowadays because most countries suffer from it (Albashtawy, 2013). Workplace violence is defined by "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (Daher, 2002). It is also defined by "is violence or the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide, one of the leading causes of job-related deaths" (Osha, 2002), (Ontario Nurses' Association, 2016). Workplace violence may be physical or verbal assault and may be toward employee by patients or patients family members or by employee to employee (Ontario Nurses' Association, 2016).

Health care workers, nurses and patient care assistants experience the highest rates of violence. Emergency department nurses experience physical assaults at the highest rate of all nurses (Gates, Gillespie, & Succop, 2011).

Studies have shown the prevalence of workplace violence against healthcare providers in many countries as: Jordan, Iraq, turkey and US. (Ahmed, 2012), (Pinar & Ucmak, 2011), (Gacki-Smith et al., 2009), (AbuAlRub, Khalifa, & Habbib, 2007).

The effects of workplace violence take several aspects, the financial cost spent on medical and legal expenses, missed time from work and other financial losses as a direct result of workplace violence (Taylor & Rew, 2011). Inadequate safety measures and personal vulnerability in the workplace, many nurses simply do not feel safe at work (Gacki-Smith et al., 2009). Violence in the healthcare setting affects the

employee, employer, and patients. In addition to physical injury, disability, chronic pain, and muscle tension, employees who experience violence suffer psychological problems such as loss of sleep, nightmares, and flashbacks. Health care workers who are assaulted experience short-term and long-term emotional reactions, including anger, sadness, frustration, anxiety, irritability, apathy, self-blame, and helplessness (Gates et al., 2011). We must think well in reducing this phenomenon by several ways as training programs, security policies (Vezyridis, Samoutis, & Mavrikiou, 2015).

Research Problem

The issue of workplace violence towards healthcare providers has been receiving general attention in Jordan recently. On the other hand, due to the lack of any standard recording system, research on the topic is very limited. This descriptive study was planned to highlight the incidence of workplace violence experienced by healthcare providers in King Hussein Medical City.

Aims and objectives

This study comes to:

1. Determine the prevalence of workplace violence against healthcare providers.
2. Identifies the effects of abusive behavior on healthcare providers and their work performance.
3. Describe the policies and supportive interventions that exist in the workplace to deal with violence and recommend policy directions.
4. Propose strategies to prevent the workplace violence.

2. Literature Review

In Jordan, as in many countries, physical and verbal violence have increased not just in the workplace but also in all community settings (Albashtawy, 2013) in addition to that, violence should never be accepted and tolerated as part of the job (Gates et al., 2011). Health care providers in

emergency departments are more likely to be exposed to violence than in others department (Albashtawy, 2013), (Chapman, Styles, Perry, & Combs, 2010), (Vezyridis et al., 2015). The most common types of physical violence: spit on, hit, pushed/shoved, scratched, and kicked, and the verbal abuse like: yelled, intimidated, and harassed (Gacki-Smith et al., 2009). There is some of considerable differences in the prevalence and perpetrators of violence among hospital departments (Park, Cho, & Hong, 2015).

The cross-sectional study design in Jordan in 2015 has shown the prevalence of work place violence, the study result 52.8% reported physically attacked, and 67.8% were verbally attacked in the last 12 months (Al-Omari, 2015). In Istanbul, Turkey Verbal violence was reported with a frequency of 91.4%. among the nurses, 74.9% had been exposed to physical violence in at least several episodes during the previous 12 months (Pinar & Ucmak, 2011).

Patients or their visitors were the most likely perpetrators of either verbal or physical abuse. Nurse colleagues, doctors and other staff were next implicated as the perpetrators of abuse. A small number of respondents indicated that 'unauthorized persons' were responsible for both verbal and physical abuse (Farrell, Bobrowski, & Bobrowski, 2006), (Ip & Angthong, 2008).

The Impact of hospital security plans and workplace aggression on nurse perceptions of safety, especially emergency department nurses, they work in an environment where they do not know the patients, the unit is open and anyone can walk in at any time, family members are frequently involved and the acute nature of treatment does not allow patients to feel they have control; therefore it is highly stressful and emotional situations are commonplace (Blando, O'Hagan, Casteel, Nocera, & Peek-Asa, 2013), (Blando et al., 2013). Nurses reported that they had experienced emotions of anger (47.0%), resentment (52.2%), anxiety (65.0%), disappointment (35.1%) and fear (20.5%) (Ünsal Atan et al., 2013). Other impact of workplace violence on Work Environment, and Patient Outcomes, Work environment become less stable (fewer registered nurses, increased workload and unanticipated changes in patient needs, decreased perception of nurse leadership, lower nurse autonomy, poorer relations with doctors, more patients awaiting placement), perceived violence increases (Roche, Diers, Duffield, & Catling-Paull, 2010). violence became a major factor in the recruitment and retention of registered nurses in health system (Jackson, Clare, & Mannix, 2002), (Farrell et al., 2006). There was a significant lack of intervention studies to provide a framework for guiding evidence-based practice (Taylor & Rew, 2011), we need to develop firm policies and legislations to protect health care providers against workplace violence (Abualrub & Al Khawaldeh, 2014). Reporting is an essential precondition for an effective response. In many cases, reporting procedures are lacking, the victim of workplace violence does not report the incident; proper investigation does not follow, the perpetrator is not prosecuted and the victim feels dissatisfied with the way the incident has been handled and suffers from its aftermath (Martino, 2002), (Şenuzun Ergün & Karadakovan, 2005), (Ahmed, 2012).

Health care providers require training in a range of knowledge, skills and attitudinal areas, regularly updated to reduce the workplace violence and enhance health care providers ability to manage aggressive behaviours, while managers need to discharge there responsibilities under Health and Safety legislation by organizing risk assessments, negotiating protocols, and organizing staff training based on particular identified needs (Beech & Leather, 2006), (Chapman et al., 2010).

3. Methods

The measurement of workplace violence in hospital is done by indicator, it is collected every month. The importance of this measurement is to provide an appropriate working environment, by analyze the data and put an action plan to avoid same event to occur second time, which helps the healthcare providers to give good services to the patients. In King Hussein medical city there are a set of policies, procedure and plans to prevent the workplace violence.

Study population

King Hussein medical city consists of sex specialist centers and hospitals: (King Hussein hospital, Queen Alia Heart Institution, Prince Hussein Center for kidney Diseases, Royal Rehabilitation Center, Queen Rania Hospital for Children, and Princess Eman Center for Laboratory Research). The study population consists of healthcare providers in King Hussein medical City as mentioned in the table below.

Hospital name	# of healthcare providers	# of patient/month
King Hussein hospital	2823	17249
Queen alia center	1234	4151
Queen Rania hospital	1048	4498
Rehabilitation Center	932	6118
Prince Hussein Center	432	3282
Princess Eman Center	490	2231

Sampling and data collection:

The sample of the study was selected from the king Hussein hospital from all healthcare providers in this hospital over one year (2017).

Measurement instrument

The study used the data collected by quality office in the hospital by special form adopted by quality team, this form consist of three parts; demographic data for the persons who exposed to violence, type of violence, job title for who exposed to violence (doctor, nurse...etc.), and space to explain what was happened.

Procedure for data analysis

The researcher analyzed the data using the statistical package for social science version 21 (SPSS 21). SPSS helps in facilitate data clearing, and checking for logical inconsistencies.

Research Results

The result as mentioned in the table below:

Violence type	Frequencies
Physical violence	4
Verbal violence	9
Assault on hospital property	5
total	18

Perpetrators gender	Frequencies
Male	15
Female	3
total	18

Type of Perpetrators	Frequencies
Patient	6
Visitor	12
total	18

Job title	Frequencies
nurse	16
transporter	1
dustman	1
total	18

The study shows from these results 4 persons exposed to physical violence, 9 persons exposed to verbal violence and there are 5 cases of assault on the property of the hospital. 15 of perpetrators are male and 3 are female. 12 of perpetrators are visitors and 6 are patients. 16 nurses exposed to the workplace violence, 1 transporter, and 1 dustman.

4. Discussion

From one of the health national goals in 2013: rejection of violence in the workplace (HCAC, 2013). For that the king Hussein medical city established form to document every case of workplace violence. All healthcare providers must be committed to filling out the form when exposed to violence. The study notes from the results that verbal violence more than physical violence, the most perpetrators from male, and the most perpetrators from visitors. The hospital has developed a policy to prevent the workplace violence and the healthcare providers have been trained. This policy was explained to healthcare providers: the purpose from it, violence definition, tools and forms, what you must do when you exposed to violence. The hospital also has a security and protection plan. Despite hospital procedures to prevent the workplace violence, this phenomenon is still prevalent in the hospitals.

Limitation to the study

The number of reported incidents of violence is quite low; mostly because of apathy and healthcare provider's perception that their reports would not receive due consideration and that they would receive limited support from the management.

5. Conclusion

Workplace violence against health care providers is widespread in the Jordan hospitals. The hospitals' management needs to think carefully about this phenomenon to increase the productivity of health care providers, when the hospital provide the healthy

environment for them, and decrease the risks of this phenomenon on healthcare providers and the hospital itself. Workplace violence have many negative effects on the hospitals and their staff that are reflected on the work performance and the quality of services provided to patients, as well as the fixation costs of damage by violence, so the future studies have to research how the hospitals management can put an end to the workplace violence phenomenon.

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