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Assessment of Prevalence of Workplace Violence among Nurses and Physicians at Emergency Department in Primary Health Care Centers, Makkah, 2019

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Abstract

Background

Workplace violence (WPV) is a serious worldwide concern, especially for health care professionals when compared with workers in other industries. Violence in the health care sector harms both patients and health care professionals and causes enormous economic losses. Victims of WPV show signs of anxiety, depression, and low efficiency in their work performance, which may decrease the quality of the service that they provide. Among health care professionals, nurses who have direct contact with patients face numerous risks related to WPV. Therefore, it is important to recognize risk factors that can be used to reduce the incidence of WPV against nurses. Emergency healthcare workers (HCWs) have a high risk of exposure to violence with negative personal consequences. Violence is an occupational hazard in hospitals. Occupational researches have gradually shifted focus from traditional, visible environmental risk factors, such as physical, chemical, biological exposure or ergonomic problems, to the invisible, psychological harm that maybe present in the workplace.

Aim of the study: To assessment of Prevalence of Workplace Violence among and Nurses and Physicians at Emergency Department in Primary Health Care Centers and confirm the factors influencing such violence.

Method: Cross-sectional analytical study has been conducted at emergency departments (EDs), Primary Health Care Centers in Makkahcity, during data collection period 2019, the total sample has been (400) nurses and physicians.

Results: Regarding the age the highest age were (35.0%) were (30-40) years and the data ranged from (22-57) by mean ±SD (38.315±9.816), were females (57.0%)while males. The majority of the participated nurse were (67.0%), followed by doctor were (33.0%). Regarding the qualification, the majority of participated heave Bachelor were (28.0%) followed by Resident (21.0%), the participated experience in from 6-10 years were (31. 0%).More than half of the participants were yes to physical or verbal violence and their percentage was (75. 0%).Conclusion: Workplace violence was prevalent, and verbal abuse was the commonest type among HCWs in emergency departments of PHC.Workplace violence, a possible cause of job stress, has recently become an important concern in occupational health. Almost half of the ED nurses and physicians experienced one or more WPV incident.

Keywords: Assessment, Prevalence, Emergency Department, Nurses, Physicians Violence, Saudi Arabia.

1. INTRODUCTION

Every year, approximately 1.3 million people die worldwide due to interpersonal violence, accounting for 2.5% of the total number ofdeaths.[1] as with all forms of violence, workplace violence against healthcare personnel is an important problem, and it has been spreading worldwide. Workers in the psychiatry, emergency departments (EDs) and general care fields are believed to have the highest risk of such violence.[2]

Workplace violence, a potential reason for work pressure, has as of late become a crucial worry in related occupational health.The prevalence of Workplace violence fluctuates with the occupational setting, as does the as does the type of violence. For national case studies conducted in Australia, Brazil and Bulgaria asa rule emergency clinic [3,4]. The World Health Organization (WHO) indicated that violence is the purposeful utilization of power that makes dangers to people or gatherings, which may bring about injury, psychological harm, or death [5]. In the studies, the expression "violence" was frequently utilized interchangeably as "aggression" and will in general happen along a continuum from verbal to physical attacks[6] found that the yearly pervasiveness pacesof physical violence (PV)went from 3% to 17%, boisterous attack (VA) 27.4% to

67%, bullying/mobbing (BM), which is characterized as a rehashed, unreasonable behavior directed toward a worker, 10.5% to 23%, sexual harassment (SH) 0.7% to 8%, and racial harassment (RH) 0.8% to 2.7% [7]

Burn out syndrome is defined as "a syndrome of emotional exhaustion (EE), depersonalization (DP) (impersonal response towards patients), and reduced personal accomplishment (PA) among individuals who work with people" [8]. Clinical symptoms of burnout syndrome are nonspecific and include headaches, loss of energy, tiredness, lack of motivation, eating problems, irritability, insomnia, negative attitudes towards others, rigidity in relationships with other people, physical illness, and emotional instability [4, 5]

Primary Health Care Centers that is at greatest risk of experiencing WPV can provide reference information for decision makers, allowing them to direct the appropriate measures to the correct people. Previous studies related to the incidence of WPV involving nurses varied from one district to another and according to the different levels of the hospitals and PHC. Tiruneh et al. found that independent factors associated with WPV included "age, with older workers being more prone to experiencing WPV", "single marital status" and "working in a male patient ward". Additional factors included "relatively understaffed work shifts" and "having a history of experiencing WPV"[9]. Moreover, another study's identifying factors associated with WPV for nurses included the factors "age, with younger workers being more prone to experiencing WPV", "working with elderly patients (over 65 years old)" and "working in emergency rooms", "outpatient units" and "intensive care units (ICUs)"[10]. No data or research was found that explored the relationship of risk factors among nurses at top-level, the status of WPV may vary based on the different levels of PHC and hospitals.However, a significant factor that might be neglected is worker training on how to recognize and deal with the potentially violent patient/family. [11]disclosed under 50% of staff underwent any training. [12]

Patients may have character and conduct issues, for example, alcoholism and drug abuse while some hospital members of employees have poor angle and approach in relating with patients. [13]

Animosity might be more a lot of serious at the accident and emergency unit.

Policy and methodology tending to workplace violence in the healthcare setting has been recorded in several developed countries [14] however is nearly non-presence in developing. Many violence and harassment against the health professionals go frequently unreported officially. [15,16]

2. LITERATURE REVIEW

In Riyadh showed that the prevalence of violence among HCWs was 47.8%, which was considerably lower than 89.3% in nurses in the EDs in 3 public hospitals in Saudi Arabia. Because of the increased risk factors associated with violence, the US Department of Labor Occupational Safety and Health Administration (OSHA) have made an effort to establish guidelines for the prevention of workplace violence. The National Institute for Occupational Safety and Health (NIOSH) characterized workplace violence as "act or danger of violence, going verbal abuse to physical assaults directed toward people at work or on the job" [16]

The following is outline of the foremost important studies in Saudi Arabia:

As of late in Riyadh (2017), Alharthy N and her studies group researched the prevalence of workplace violence about emergency medical services laborers. They reasoned that the prevalence of workplace violence was 65%. Concerning the type, verbal abuse was the commonest (61%).Most of the perpetrators were patients' family member's relatives (80%) followed by patients themselves (51%). More youthful (<30 years), lower experienced staff (≤10 years) had fundamentally higher violent incidents than their partners. Reporting the incidents, the occurrences to a more significant position authority was referenced by just 10% of the victims. [17]

At a university hospital, Eastern area (Khobar), Al-Shamlan et al (2017) gauges the prevalence of verbal abuse about nurses. Over a time of one year, the pervasiveness of verbal abuse was 30.7% about nursing. Greater part of them didn't report the incidents; Majority because they believed that reporting would yield no positive results. Male nurses, nurses in the emergency department, and those who indicated that there were procedures for reporting violence in their workplace were more likely to have verbal abuse. [18] This study is limited by the fact that they included all nursing staff not only those working in emergency departments and also it focused on nurses only.

2. INTERNATIONAL STUDIES

In Bahrain, Rafeea F, et al (2017) completed a cross-sectional at the ED of the Bahrain Defense Force to assess frequency of violence in the workplace. Results uncovered that the most regular frequent reported type of violence in the past 12 months was verbal abuse (78%), trailed by physical abuse (11%) and sexual abuse (3%). most than half (53%) of instances of violence happened during night shifts, while physical abuse was accounted for to happen during all the shifts.An extensive extent (40%) of the staff didn't know about the strategies against workplace violence, and 26% of the staff thought about fined employment elsewhere. The most elevated reasons of violence revealed by the staff were long holding up time and patient expectations. [19] However, this research's was directed in one healthcare facility which could influence the generalizability of its outcomes in USA, Kowalenko et al (2013) have implemented a longitudinal study to estimate the incidence and distinguish the determinants of violence in ED working staff more than nine months. The normal violence insult affront rate per individual per nine months was 4.15. Physical violence rate was 3.01 per individual. Men executed 52% of

physical assaults. There was a significant difference between physicians and nurses and patient. The nurses felt less safe than the physicians. The physicians felt additional assured than the nurses in managing violence situations. The nurses were more possible to possess acute stress than the physicians. [20] Brunetti and Bambi (2013) completed a survey concerning the greatness of violence affronts towards attendants working in EDs and violence the results of these abuses on casualties and medical services associations. The prevalence rate of verbal abuses among ED nurses varied between 50% and 100% whereas that of physical violence ranged from 16.7% to 72%.Patients and family members were the primary culprits, trailed by doctors, and, at long last by medical attendant's associates. Liquor, drugs misuse, and congestion in EDs were the fundamental encouraging elements for brutal abuses. Under-announcing of affronts came to the 80%, and a few examinations report that medical caretakers consider savagery functions as a typical aspect of their responsibilities. [21]

1.2 Rationale:

Many of studies done showed nurses followed by physicians are at high risk of violence, and as emergency department is the point of first contact with wards health care worker, workers at ED have a high risk of workplace violence. Globally, workplace violence toward health care workers are an area of concern based on literature review. ED workplace violence needs to be addressed urgently through continued research as up to the researcher's knowledge there are few studies on workplace violence among nurse sand physician. Because of a lack of standardized measurement and reporting mechanisms for violence in ED settings, data are scarce particularly in Saudi Arabia.

1.3 Aim of the study:

To assessment of Prevalence of Workplace Violence among and Nurses and Physicians at Emergency Department in Primary Health Care Centers **Makkah, 2019**and confirm the factors influencing such violence.

1.4 Objectives:

To assessment of Prevalence of Workplace Violence among and Nurses and Physicians at Emergency Department in Primary Health Care Centers **Makkah, 2019** and confirm the factors influencing such violence2019.

- To identify of physical and verbal workplace violence among physicians and nurses in emergency department at Primary Health Care Centers **Makkah, 2019**

3. METHODOLOGY

3.1. Study Design

Cross-sectional descriptive study design has been adopted**.**

3.2 Study Area

The study has been carried out in emergency departments (EDs) in the Primary Health Care in the city of Makkah Al-Mokarramah Makkah is the holiest spot on Earth. which is the largest city in Makkah Province, the largest seaport on the Red Sea, and with a population of about four million people, (as of 2017 estimation) This study was conducted in Makkah primary health–care centers at saudi Arabia, The current study was conducted at Al-Aziziyah Al-shargiah Primary Health Care Center The primary health care centers in Makkah included under seven supervisory sectors: three of them inside Makkah (Al Zahir, Al Kakia and Al Adel)with 37 PHCC while four supervisory sectors located outside Makkah with 48 PHCC, it offers different services including general clinic, chronic disease clinic, antenatal clinic, well baby clinic and vaccination, as well as pharmacy, radiology and laboratory services.

3.3Study population:

All nurses and physicians working at emergency departments (EDs) in the Primary Health Care in the city of Makkah (males and females) have been included in the study.

3.4 Eligibility Criteria

Inclusion criteria:

- All physicians and nurses working at emergency departments (EDs) in the Primary Health Care in the city of Makkah**.**
- Male and female.
- All nationalities**.**

Exclusion criteria:

- No exclusion criteria.

3.5 Sample Size

The prevalence of workplace violence at emergency department 50% [8]. Dependent on 50% prevalence, 95% confidence level, 5%error and 10% f or defaulter and non-respondent by using Raosoft website for sample size calculation the sample size is 400 physicians and nurses, the total sample has been (400) physicians and nurses the sample size has be 400 nurses and physicians. Multistage sample technique has been used.

3.6 Sampling Technique

Multistage sample technique.

Stage I : Stratified sampling techniques (selection of the Primary Health Care)

The Primary Health Care has been divided into strata :
three of them inside Makkah (Al Zahir, Al Kakia and Al Adel)with 37 PHCC while four supervisory sectors located outside Makkah with 48 PHCC, it offers different services including general clinic, chronic disease clinic, antenatal clinic, well baby clinic and vaccination, as well as pharmacy, radiology and laboratory services.The total number has been taken from each selected Primary Health Care based on proportion to sample size. Then the health workers) has been divided into two strata. Doctors and nurses.From each stratum the sample has been calculated based on proportion to size.

3.7. Data Collection Tool

A self-administered questionnaire distributed to all working physicians and nurses in the EDs departments, Primary Health Care chosen for the study. The questionnaire was mainly developed from literature review and the WHO survey questionnaire about violence in health care settings. validity has been taken by 3 consultants.

The first section of questionnaire includes demographic data of the respondents (age, gender, nationality, job title, qualification, marital status and years of experience).

The second section has been consistingof questions to estimate physical abuse, how many time, during which shift, type and place of violence, source of violence,reasons,outcome of violence,reported or not, if reported to whom and if not why.

The third section has been consisting of questions to estimate verbalabuse, how many time, during which shift, type and place of violence, source of violence,reasons,outcome of violence,reported or not, if reported to whom and if not why.

3.8 Data Collection Technique

The researcher has been visit the chosen EDs, Primary Health Care after getting official permissions to conduct the study .

They hhas been explaining the purpose of the study to the ED head in each setting. Then, the questionnaire has been distributed on physicians and nurses after explaining the purpose of the study and how to fill the questionnaire to them.

3.9 Study Variables

Dependent variable: Insult of workplace violence

Independent variables: Age, gender, nationality, job title, qualification, marital status, years of experience and shift time.

3.10 Data Entry and Analysis

Data has been collected, reviewed, coded and entered into the personal computer. Data has been presented in the form of frequencies and percentages. Chi-squared test ($\chi 2$) has been used for comparing qualitative data. Other statistical tests have been applied whenever appropriate. Statistical significance has been considered at p-value ≤ 0.05. Analysis has been done using SPSS program version 25.

3.11. Pilot Study

A pilot study on 10% of physicians and nurses in one of the non-selected Primary Health Care has been conducted to test the feasibility of the methodology and wording of the questionnaire as well as to estimate the average time to complete it. A necessary modification has been done, based on pilot study results. Their results have been not included in the final report.

3.12 Ethical Considerations

- Approval from the Research and Ethical Committee Joint Program of Family Medicine was taken.
- Approval from the director of Primary Health Care has been obtained.
- All collected data has been kept confidential and will not use except for research purposes.

3.13 Relevance& Expectations

- The researcher expects from the study, present of workplace violence
- Physicians and Nurses at Emergency Department
- The researcher expects from the study, low level of reported about the violence.
- The researcher expects to raise the importance of reporting violence.

3.14 Limitations

- The researcher expects there may be limitation in time.

3.15 Budget

- The research will be self-funded

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Result

Table 1. Distribution of Socio-demographic characteristics of the studied population (400)

	N	%
Age		
<30	92	23
30-40	140	35
40-50	112	28
>50	56	14
Range	22-57	
Mean±SD	38.315±9.816	
Gender		
Female	228	57
Male	172	43
Nationality		
Non-Saudi	172	43
Saudi	228	57
Marital status		
Single	120	30
Married	192	48
Widowed	36	9
Divorced	52	13
Job title		
Doctor	132	33
Nurse	268	67
Your qualification is		
Diploma	44	11
Bachelor	112	28
Resident	84	21
Specialist	60	15
Master	76	19
Consultant	24	6
Years of experience in ER department		
Under 1 year	48	12
1 - 5 years	92	23
6 - 10 years	124	31
11 - 15 years	96	24
16 - 20 years	40	10

Regarding the age, the highest age was (35.0%) were (30-40) years and the data ranged from (22-57) by mean ±SD (38.315±9.816), were females (57.0%)while males. (43.0%) while (57.0%) Saudi. Majority of the participant married (48.0%)and (30.0%)were single. The majority of the participated nurse were (67.0%), followed by doctor were (33.0%). Regarding the qualification, the majority of participated heave Bachelor were (28.0%) followed by Resident (21.0%), the participated experience in from 6-10 years were (31.0%)

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Table 2Distribution of the characteristic of experiencedand type of workplace violence.

	N	%
Exposure to physical or verbal violence or both		
No	100	25
Yes	300	75
If yes what is the type of violence		
Physical	12	3
Verbal	332	83
Both	56	14

More than half of the participants were yes to physical or verbal violence and their percentage was (75.0%). Regarding the type of violence most of violence were verbal their percentage was (83.0%). Followed by both physical and verbal was (14.0%)

Figure 1 Distribution of the Exposure to physical or verbal violence or both

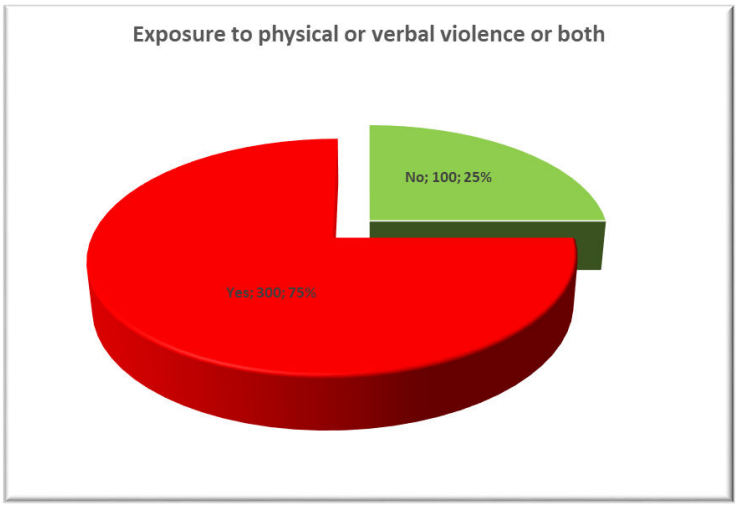

Figure 2 Distribution of the type of workplace violence**.**

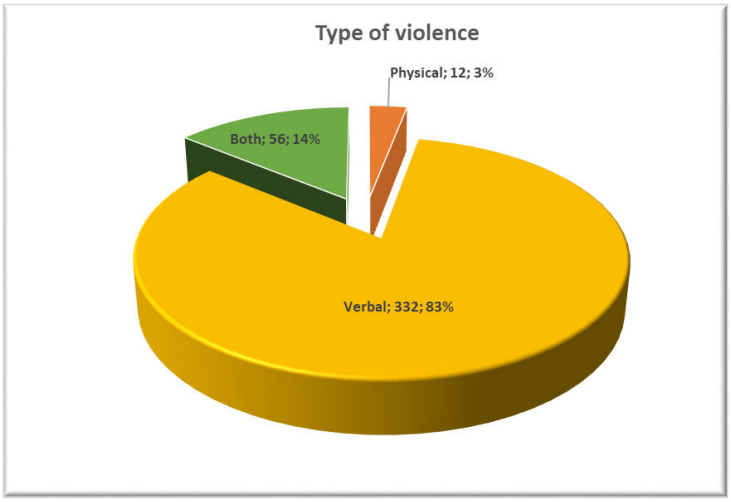

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Table 3Description the estimate physical of the workplace violence.(how many time, during which shift, type and place of violence, source of violence, reasons , outcome of violence) .

If yes what is the ype of violence	N	%
How many times did you face physical violence in the last 12 months		
Once	105	35
2-4 times	60	20
5-10 times	18	6
Several times a month	72	24
About once a week	18	6
Daily	27	9
Where did the physical violence occurred		
Inside your workplace	228	76
Both	72	24
The last time you were physically abused in your place of work, who physically abused you?		
Relative	102	34
Patient	198	66
The gender of the abuser		
Female	87	29
Male	213	71
Which time did it happen?		
04.00 pm - 12.00 Am	186	62
12.00 Am - 08.00 Am	114	38
Reasons of physical violence		
Excessive waiting time	132	44
shortage of staff	117	39
Unmet patient demands	63	21
poor organization of work	87	29
overcrowding	93	31
lack of security	177	59
Patient health condition	69	23
lack of patient or relative education	90	30
Outcome of physical violence		
minor or major physical injury	117	39
physical disability	54	18
Psycho-social trauma	159	53
reduces job performance	102	34
quitting of job	30	10

Regarding the how many times did you face physical violence in the last 12 months' participants answer once times were (35.0%) follow by several times a month then 2-4 times were respectively (24.0%, 20.0%) during the past 12 months, regarding Where did the physical violence occurred, the most of violence inside your workplace occurred were (76.0%) but both were (24.0). Most of the violence were patients (66.0%), followed by relatives of patients (34.0%), the gender of the abuser the most of them male was (71.0), followed by female, most of the violent incidents happened in the 04.00 pm - 12.00 Am were (62.0%) but the number in the 12.00 Am - 08.00 Am were (38.0%).

Regarding the reasons of physical violence, the most of the reasons were lack of security were (59.0%), followed by excessive waiting time were (44.0%) then shortage of staff were (39.0%) then lack of patient or relative education, overcrowding. The Outcome of physical violence were: psycho-social trauma (53.0%), minor or major physical injury (39.0%), reduces job performance (34.0)

Table 4Description the estimate physical of the workplace violence (reported or not if reported to whom and if not why)

	N	%
Did you report the event?		
No	114	38
Yes	186	62
If yes: To whom reported		
Direct supervisor	158	84.95
Head of department	21	11.29
Hospital management	7	3.76
If yes: Any action taken		
No	82	44.09
Yes	104	55.91
If no, why not reported		
It was not important	33	28.95
Felt ashamed	13	11.40
felt guilty	22	19.30
Afraid of negative consequences	14	12.28
useless	22	19.30
Didn't know who to report	10	8.77

Regarding you report the event the answer was the same were (38% Yes and62% No), most of the reported to the direct supervisor were (82.95%), regarding the action taken most of participant answer yes action was taken were (55.91%) but no action taken were (44.09%). Why not reported about the violence incident one of the most important reasons It was not important were (28.95%), felt guilty were (19.30%)

Table 5Description of the relation between Socio-demographic data and Exposure to physical or verbal violence or both

		Exposure to physical or verbal violence or both				Total		Chi-square	
		Yes		No					
		N	%	N	%	N	%	X^2	P-value
Age	**<30**	85	28.33	7	7.00	92	23	88.126	<0.001*
	30-40	115	38.33	25	25.00	140	35		
	40-50	85	28.33	27	27.00	112	28		
	>50	15	5.00	41	41.00	56	14		
Gender	**Female**	205	68.33	23	23.00	228	57	62.886	<0.001*
	Male	95	31.67	77	77.00	172	43		
Nationality	**Non-Saudi**	85	28.33	87	87.00	172	43	105.318	<0.001*
	Saudi	215	71.67	13	13.00	228	57		
Marital status	**Single**	101	33.67	19	19.00	120	30	13.979	0.003*
	Married	130	43.33	62	62.00	192	48		
	Widowed	25	8.33	11	11.00	36	9		
	Divorced	44	14.67	8	8.00	52	13		
Job title	**Doctor**	80	26.67	52	52.00	132	33	21.770	<0.001*
	Nurse	220	73.33	48	48.00	268	67		
Qualification	**Diploma**	35	11.67	9	9.00	44	11	26.018	<0.001*
	Bachelor	95	31.67	17	17.00	112	28		
	Resident	46	15.33	38	38.00	84	21		
	Specialist	49	16.33	11	11.00	60	15		
	Master	57	19.00	19	19.00	76	19		
	Consultant	18	6.00	6	6.00	24	6		
Years of experience in ER department	**Under 1 year**	41	13.67	7	7.00	48	12	85.035	<0.001*
	1 - 5 years	79	26.33	13	13.00	92	23		
	6 - 10 years	113	37.67	11	11.00	124	31		
	11 - 15 years	55	18.33	41	41.00	96	24		
	16 - 20 years	12	4.00	28	28.00	40	10		

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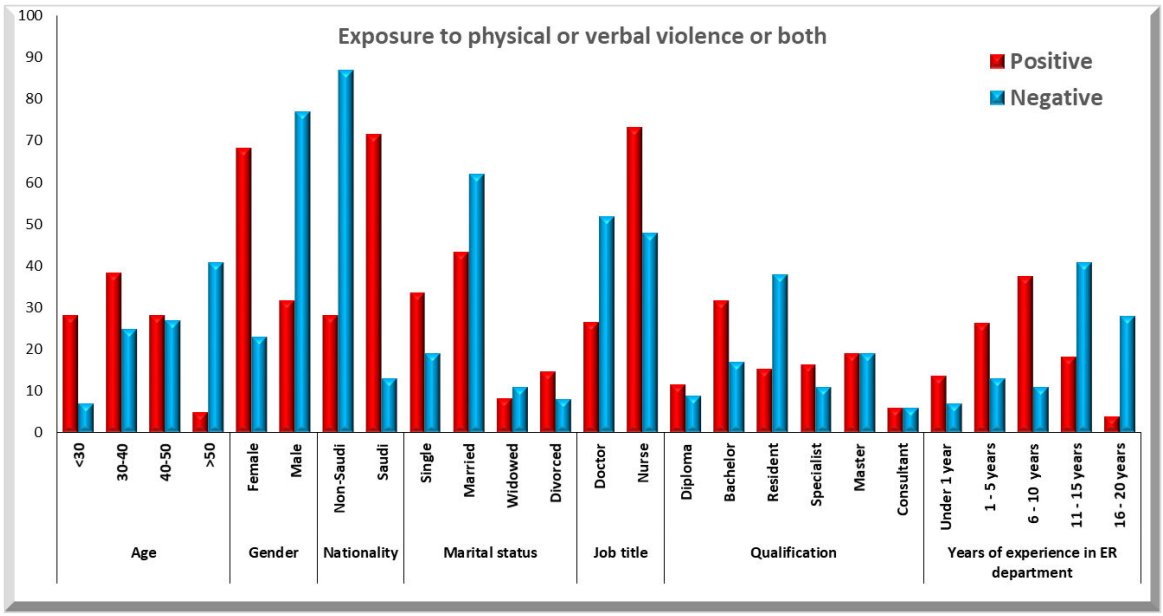
Regarding age results show a significant relation between physical or verbal violence or both and age were $X^2$88.126 and P-value=0.001, increase (in the age 30-40 answer Yes were 38.33%). Gender was significantly associated with physical or verbal violence or both, with violence being more frequent for female (68.33%) than male, show a significant relation were P-value < 0.001 and X^2 62.886. Nationality was significantly associated with physical or verbal violence or both were X^2 105.318 and P-value=0.001 and was more frequent for Saudis answer yes (71.67%%) than non-Saudis (28.33%), regarding Job title results show a significant relation between physical or verbal violence or both and Job title were X^2 21.770 and P-value <0.001 increase nurse were 73.33% , but doctor answer were 26.67%, regarding Qualification results show a significant relation between physical or verbal violence or both and Qualification were X^2 26.018 and P-value <0.001 increase Bachelor were 31.67% , regarding Years of experience in ER department results show a significant relation between physical or verbal violence or both and Years of experience in ER department were X^2 85.035 and P-value <0.001 increase 6 - 10 years were 37.67% .

Figure 3 Distributionof the relation between Socio-demographic data and Exposure to physical or verbal violence or both



Discussion

Workplace Violence among Nurses and Physicians is a serious phenomenon that affects the patient experience as well as the quality of practice for healthcare providers. The aim of this study was to explore the prevalence of physical and verbal workplace violence among nurses and physicians in 2019 years. Our study showed that the age the highest age was (35.0%) were (30-40) years and the data ranged from (22-57) by mean ±SD (38.315±9.816), were females (57.0%)while males. (43.0%) while (57.0%) Saudi. Majority of the participant married (48.0%)and (30.0%)were single. The majority of the participated nurse were (67.0%), followed by doctor were (33.0%). Regarding the qualification, the majority of participated heave Bachelor were (28.0%) followed by Resident (21.0%), the participated experience in from 6-10 years were (31.0%) (see Table1).The study showed that the prevalence of workplace Violence was physical or verbal violence which was considerably lower than verbal violence More than half of the participants were yes to physical or verbal violence and their percentage was (75.0%). Regarding the type of violence most of violence were verbal their percentage was (83.0%). Followed by both physical and verbal was (14.0%) (see Table 2).However, result was closer to the prevalence of 57.5% in HCWs in 2 government hospitals and 10 primary healthcare centers in Saudi Arabia who experienced at least 1 violence incident [22] and similar to the prevalence of 45.6% among HCWs in 12 family medical centers in Riyadh [24]. Also, the results of our study are similar to a study that was conducted in KSA the findings provide evidence of a relatively high prevalence of WPV (physical, verbal, confrontations outside the workplace, or stalking), in the past 12 months against physicians and nurses working in 37 EDs (45% in total, 47% for the physician group, and 41% for the nurse group) in the three provinces in Saudi Arabia. [25]. Most studies have shown that psychological violence (especially verbal abuse) was higher than physical violence. [24,26] 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 [27]. which can be

explainedby the stress of acute illness experienced by patients and/or families at the time of the violent act. In the current study, verbal abuse in the last 12 months formed 52.7% of the violent incidents, while physical violence 27.3% Several times a month but once 31.8%. Similarly, a study in Macau revealed incidents of verbal abuse (53.4%) [28]. Most of the violence were patients (66.0%), followed by relatives of patients (34.0%), the gender of the abuser the most of them male was (71.0), followed by female, most of the violent incidents happened in the 04.00 pm - 12.00 Am were (62.0%) but the number in the 12.00 Am - 08.00 Am were (38.0%). Regarding the reasons of physical violence, the most of the reasons were lack of security were (59.0%), followed by excessive waiting time were (44.0%) then shortage of staff were (39.0%) then lack of patient or relative education, overcrowding. The Outcome of physical violence were: psycho-social trauma (53.0%), minor or major physical injury (39.0%), reduces job performance (34.0) which was similar to some previous studies [25,26,29]but contrary to others [30,31], in which the companions of the patients and patient's relative were the main source of incidents. health care workers report the event the answer was the same were (38% Yes and62% No), most of the reported to the direct supervisor were (82.95%), regarding the action taken most of participant answer yes action was taken were (55.91%) but no action taken were (44.09%). Why not reported about the violence incident one of the most important reasons It was not important were (28.95%), felt guilty were (19.30%). Workplace violence had negative consequences on Physicians and Nurses at Emergency Department, which is supported by previous studies [11,12,28]. (see Table 4). Relation between Socio-demographic data and workplace physical or verbal violence or both are shown the age results show a significant relation between physical or verbal violence or both and age were X2 88.126 and P-value=0.001, increase (in the age 30-40 answer Yes were 38.33%). Algwaiz et al. investigated the age as revealing that an age no significantly associated with verbal violence [31]. physical or verbal violence or both was significantly associated with married were respectively more than unmarried. which is consistent with a prospective cross-sectional survey reporting a similar prevalence of violence against married more than unmarried participants [17]. also show years of experience in ER department results show a significant relation between verbal violence and years of experience in ER department were and P-value <0.001, show in our study also a significant relation between Physical or Verbal violence and years of experience in ER department were P-value <0.001. Gender was significantly associated with physical or verbal violence or both, with violence being more frequent for female (68.33%) than male, show a significant relation were P-value < 0.001 and X2 62.886. Nationality was significantly associated with physical or verbal violence or both were X2 105.318 and P-value=0.001 and was more frequent for Saudis answer yes (71.67%) than non-Saudis (28.33%), regarding Job title results show a significant relation between physical or verbal violence or both and Job title were X2 21.770 and P-value <0.001 increase nurse were 73.33% , but doctor answer were 26.67%, regarding Qualification results show a significant relation between physical or verbal violence or both and Qualification were X2 26.018 and P-value <0.001 increase Bachelor were 31.67% , regarding Years of experience in ER department results show a significant relation between physical or verbal violence or both and Years of experience in ER department were X2 85.035 and P-value <0.001 increase 6 - 10 years were 37.67%. (see Table 5). Hogarth et al. noted that the solution to decrease workplace violence was encouragement by management to report violent incidents and to develop preventative measures. [30]

Conclusions

Physical or Verbal violence was the commonest type. Creation of an environment that encourages HCWs to report violent incidents and raising awareness of HCWs about violence reporting systems in EDs are recommended. Ensuring the reporting of all violent incidents and follow-up of the appropriate actions are essential. Almost half of the ED physicians and nurses experienced one or more WPV incident during a 12-month period. Workplace Physical or Verbal violence remains a significant concern in healthcare settings in KSA. Supporting programmers to help and provide HCWs with the knowledge to manage and control incidents are needed. should be prioritized to improve the working environment, the safety of healthcare providers, and the quality of practice in EDs. Physicians and nurses who are at disproportionately high risk of WPV should strengthen their stress-coping strategies and foster their level of resilience to minimize the negative psychological consequences of violence that jeopardize their psychological and mental wellbeing.

REFERENCES

1. World Health Organization. (2016). Global status report on violence prevention 2014. Geneva: World Health Organization; 2014. *Accessed at January*, *17*, 292.
2. Dubb, S. S. (2015). It doesn't" come with the job": violence against doctors at work must stop. BMJ: British Medical Journal (Online), 350.
3. Chen, W. C., Hwu, H. G., Kung, S. M., Chiu, H. J., & Wang, J. D. (2008). Prevalence and determinants of workplace violence of health care workers in a psychiatric hospital in Taiwan. Journal of occupational health, 50(3), 288-293.

4. Di Martino, V. (2002). Workplace violence in the health sector. Country case studies Brazil, Bulgaria, Lebanon, Portugal, South Africa, Thailand and an additional Australian study. Ginebra: OrganizaciónInternacional del Trabajo, 3-42.
5. World Health Organization. (2019). INSPIRE handbook: action for implementing the seven strategies for ending violence against children. World Health Organization.
6. Hutton, S. A., Vance, K., Burgard, J., Grace, S., & Van Male, L. (2018). Workplace violence prevention standardization using lean principles across a healthcare network. International journal of health care quality assurance.
7. Avander, K., Heikki, A., Bjerså, K., &Engström, M. (2016). Trauma nurses' experience of workplace violence and threats: short-and long-term consequences in a Swedish setting. Journal of trauma nursing, 23(2), 51-57.
8. Hesketh, T., Wu, D., Mao, L., & Ma, N. (2012). Violence against doctors in China. Bmj, 345.
9. Todd, A., Akhter, N., Cairns, J. M., Kasim, A., Walton, N., Ellison, A., ... &Bambra, C. (2018). The pain divide: a cross-sectional analysis of chronic pain prevalence, pain intensity and opioid utilisation in England. BMJ open, 8(7), e023391.
10. Hahn, S., Müller, M., Hantikainen, V., Kok, G., Dassen, T., &Halfens, R. J. (2013). Risk factors associated with patient and visitor violence in general hospitals: Results of a multiple regression analysis. International journal of nursing studies, 50(3), 374-385.
11. Samir, N., Mohamed, R., Moustafa, E., &AbouSaif, H. (2012). Nurses' attitudes and reactions to workplace violence in obstetrics and gynaecology departments in Cairo hospitals. EMHJ-Eastern Mediterranean Health Journal, 18 (3), 198-204, 2012.
12. Gates, D., Gillespie, G., Kowalenko, T., Succop, P., Sanker, M., &Farra, S. (2011). Occupational and demographic factors associated with violence in the emergency department. Advanced emergency nursing journal, 33(4), 303-313.
13. Magnavita, N., &Heponiemi, T. (2012). Violence towards health care workers in a Public Health Care Facility in Italy: a repeated cross-sectional study. BMC health services research, 12(1), 108.
14. Ferns, T. (2006). Under-reporting of violent incidents against nursing staff. Nursing Standard, 20(40).
15. Child, R. H., &Mentes, J. C. (2010). Violence against women: the phenomenon of workplace violence against nurses. Issues in mental health nursing, 31(2), 89-95.
16. Sorensen, G., Sparer, E., Williams, J. A., Gundersen, D., Boden, L. I., Dennerlein T., &Pronk, N. P. (2018). Measuring best practices for workplace safety, health and wellbeing: the workplace integrated safety and health assessment. Journal of occupational and environmental medicine, 60(5), 430.
17. 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.
18. Al-Shamlan, N. A., Jayaseeli, N., Al-Shawi, M. M., & Al-Joudi, A. S. (2017). Are nurses verbally abused? A cross-sectional study of nurses at a university hospital, Eastern Province, Saudi Arabia. Journal of Family & Community Medicine, 24(3), 173.
19. Rafeea, F., Al Ansari, A., Abbas, E. M., Elmusharaf, K., &Zeid, M. S. A. (2017). Violence toward health workers in Bahrain Defense Force Royal Medical Services' emergency department. Open access emergency medicine: OAEM, 9, 113.
20. Rafeea, F., Al Ansari, A., Abbas, E. M., Elmusharaf, K., &Zeid, M. S. A. (2017). Violence toward health workers in Bahrain Defense Force Royal Medical Services' emergency department. Open access emergency medicine: OAEM, 9, 113.
21. Brunetti, L., & Bambi, S. (2013). Aggressions towards nurses in emergency departments: an international literature review. Professioniinfermieristiche, 66(2), 109-116
22. Alsaleem, S. A., Alsabaani, A., Alamri, R. S., Hadi, R. A., Alkhayri, M. H., Badawi, K. K., ... & Al-Bishi, A. M. (2018). Violence towards healthcare workers: A study conducted in Abha City, Saudi Arabia. Journal of family & community medicine, 25(3), 188.
23. Al-Turki, N., Afify, A. A., &AlAteeq, M. (2016). Violence against health workers in Family Medicine Centers. Journal of Multidisciplinary Healthcare, 9, 257.
24. Muzembo, B. A., Mbutshu, L. H., Ngatu, N. R., Malonga, K. F., Eitoku, M., Hirota, R., &Suganuma, N. (2014). Workplace violence towards Congolese health care workers: a survey of 436 healthcare facilities in Katanga Province, Democratic Republic of Congo. Journal of occupational health, 14-0111
25. Alyaemni, A., &Alhudaithi, H. (2016). Workplace violence against nurses in the emergency departments of three hospitals in Riyadh, Saudi Arabia: A cross-sectional survey. NursingPlus Open, 2, 35-41.
26. Abbas, M. A., Fiala, L. A., Abdel Rahman, A. G., &Fahim, A. E. (2010). Epidemiology of workplace violence against nursing staff in Ismailia Governorate, Egypt. J Egypt Public Health Assoc, 85(1-2), 29-43
27. Albashtawy, M. (2013). Workplace violence against nurses in emergency departments in J ordan. International nursing review, 60(4), 550-555.

28. Cheung, T., Lee, P. H., & Yip, P. S. (2017). Workplace violence toward physicians and nurses: prevalence and correlates in Macau. International journal of environmental research and public health, 14(8), 879..
29. Speroni, K. G., Fitch, T., Dawson, E., Dugan, L., & Atherton, M. (2014). Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. Journal of emergency nursing, 40(3), 218-228.
30. Alshehri, F. A. (2017). Workplace violence against nurses working in emergency departments in Saudi Arabia: a cross-sectional study (Doctoral dissertation).
31. Algwaiz, W. M., &Alghanim, S. A. (2012). Violence exposure among health care professionals in Saudi public hospitals. Saudi medical journal, 33(1), 76-82.
32. Hogarth, K. M., Beattie, J., &Morphet, J. (2016). Nurses' attitudes towards the reporting of violence in the emergency department. Australasian emergency nursing journal, 19(2), 75-81.