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MINI REVIEW

# Workplace Violence on Physicians and Nurses: Causes and Pre-Violence Suggested Solutions

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## ABSTRACT

One of the important occupational health problems is violence. Violence is more prevalent among physicians and nurses in psychiatric and emergency departments in Jordan public hospitals. Causes of this phenomenon are associated with different causatives such as hospitals facilities (including beds, medication, oxygen... etc.), hospital staff, ministry of health and patients with their families. In this work violence on physicians and nurses in Jordan hospitals is analyzed based on the causes of violence. Solutions are searched upon the causatives of these actions not only on education, training and toughening punishment. Results of this work showed that 58.3 % of violence is due to hospital facilities and staff, 25% government actions and 17.7 % due to patients and their families. This work suggests investing more in healthcare institutions, provide more skilled staff, introduce a management procedure following incidents, preventive policies and improving health institutional facilities by applying programs for medicine inventory control, human factors and management techniques.

## Introduction

The Medical staff is the core of the health care system, the nature of the overall working environment largely affects the smoothness of work and reduces medication errors [1]. Verbal and physical violence on physicians and nurses is always available in hospitals specially the Emergency Departments (ED). The dangerous acts of violence started long ago as hospitals were initiated, researchers reported dangerous acts specially in mental hospitals since sixties of the twentieth century [2]. Ekblom B [3] reported that psychiatric hospitals have violent patients and nurses suffer from patient behaviors, physical restraints that can be used without malpractice are of concern. Mellor [4] suggested producing a code of conduct how to deal with violent actions (verbal and physical) on medical staff which happen in hospitals, such a code requires manpower and materials being available in all sections of hospitals. As a continuous problem violence against physicians and nurses appears in all hospitals regardless the location or staff of the hospital [5-7]. Jordan like other countries suffer from violence in hospitals specially in the ED [8], such violence influences medical staff in undesirable manner. The violence on physicians and nurses threatens both patients and staff safety that contradicts with the main goal of a health care providing institutions. In this paper the workplace violence in emergency departments of hospitals will be reviewed and highlighted in terms of the initiative causes. The actions taken by ministry of health and country laws to minimize workplace violence are analyzed in terms of their strength and weakness, then suggested solutions to reduce in hospital violence will be proposed for Jordan Hospitals (JH).

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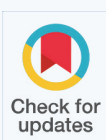
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- Workplace violence
- Medication errors
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### Causes of violence in hospitals

The violence on medical staff occurs in all Health Care Providing (HCP) institutions, hospitals are HCP institutions that suffer from violence on their medical staff, causes of violence are similar in all hospital departments, ED faces the most sever violence actions throughout the various hospital departments [9]. Due to the importance of violence on the patient medication (care and treatment) and staff safety; researchers analyzed the violence in hospitals and ED Hamdan and Abu Hamra [10] investigated workplace violence in the EDs in the Palestinian hospitals, they related the causes of violence to different reasons from long waiting time through unavailable violence prevention methods to anxiety/fear/stress and lack of people awareness. Indian researcher's related violence in hospitals again to long waiting time in ED, through unexpected death of patient and missing-communicative staff [11]. Analyzing reasons of violence in Jordan researchers found long waiting time again to be the main reason, through ED overcrowding, patient and family expectation, lack of resources, emergency staff attitude, bad communication to poor administration and lack of penalty for perpetrators [12]. The initiators of violence are usually patients and/or their families, co-workers [13]; in Jordan hospitals fake patients (who try to get a certain medicine illegally) may appear and be the violence initiators. Referring to the pre-mentioned references [10-12], table 1 shows the main causes of violence in JH, initiator of violence and its average percentage in hospitals EDs. These average percentages enable decision makers to concentrate more on the high weighted causes. The decision makers should deal with the initiator not only the cause of violence. Surveys on the effects of violence on nurses and physicians revealed that nurses and physicians think seriously of leaving their jobs for such actions [14]. This result if added to the shortage in medical staff in hospitals will magnify the problem in hospitals and EDs.

AbuAlRub, et al. [15] emphasized on the effects of violence on staff satisfaction and health care quality, AbuAlRub stressed on the importance of instituting suitable policies and legislations to minimize workplace violence. Jordan Governments and Jordan health ministries that are suffering from the violence in the hospitals; blame patients and their families for such actions; close glance on table 1 reveals that 10 out of 12 causatives to violence are the hospital due to lack of facilities or staff (58.3%) and the governments-ministry of health (25%, violence prevention rules and awareness).

### Action taken to eliminate violence in hospitals

Whenever a violence action appears in news or seen in hospitals, different emotions from resentment, contamination and wonder are felt by all people; asking why and how can this violence be prevented. Medical staff's families are always worried on their family members working in EDs of the hospitals as violence in healthcare sector is more than other sectors [16]. This increases the mental stress-level in these families and uncomfortable, insecure feeling as long as physician or nurse is on job. The more imperative is the adverse effect of such insecure feeling on the patient safety and quality of the health care services provided.

Many researchers have attached the violence in hospitals EDs, most of which had efforts in reducing the verbal and physical violence actions by suggesting different methods or preventive actions. Violence prevention, violence handling and post-violence management steps were proposed to improve workplace security for physicians and nurses. Feng and Li [17] suggested different preventive measures and plans such as avoid being alone, emergency alarm button and police station within ED. Oweis and Diabat [18] analyzed the nurse's perception of physicians' verbal abuse, they found that over 52.2% of nurses were subjected to verbal abuse such as criticizing, accusing and blaming. They stated

**Table 1:** Causes of violence in hospitals ED

	Cause	Initiator	Weight Percentage* %
1.	Long waiting periods of patients	Hospital facilities/ staff	51
2.	Overcrowding in ED	Hospital facilities/ staff	53.3
3.	Patient and Family expectations from medical staff	Patients/Families	42
4.	Lake of resources	Hospital facilities/ staff	33
5.	Lake of staff experience	Hospital facilities/ staff	29.8
6.	Staff attitude	Hospital facilities/ staff	25
7.	Bad communications	Hospital facilities/ staff	36.7
8.	Lake of antiviolence prevention methods	Governments	27.7
9.	Poor management/admission procedures	Hospital facilities/ staff	25.4
10.	Lake of rules and penalties	Governments	30
11.	People awareness	Governments	7.0
12.	Influence of drugs or alcohol	Patients	5.1
Approximate average from literature (10,11 and 12).			

also that nurses were engaged in negative activities to cope with the verbal abuse they were subjected to [19]. The Nurses are the main sector in hospitals that are subjected to abuse and/or violence, they should be involved in any violence prevention approach or policy decision making process [20]. Many scientists and researchers concentrated on the importance of continuous learning and training processes for hospital ED staff to cope with risky situations [21,22]. The staff should be aware of the factors creating violence to be able to deal with it, staff should have good communication with patients and controllable attitude.

Some studies related to this problem proposed implementing a violence management procedure in the work place, establishing clear antiviolence policies for the healthcare workers and enhance health care workers knowledge through learning and training [23]. Other solution to violence problems in hospitals EDs emphasize on understanding patient to worker relation; identifying the situations that may involve violence and informing administrators about the potential targets for intervention [24]. Education of the public plays a great role in achieving a real reduction in violence actions in JH [25]. Moreover, there is a need for reporting every aggression with providing a clear illustration for the meaning of “workplace violence” to carry out targeted periodic dissemination campaigns [26]; such campaigns will assist medical staff to avoid the prescribed violence action with proper behavior. All suggested solutions throughout the literature discussed were concentrating on continuous learning about the violence generating situations, training the staff on how to behave under risky conditions and setting a fixed procedure to follow in case of possible violence.

Having a look on governmental and ministry of health actions regarding violence in JH, their role was limited to toughening the punishment on patients or personals involved in violence activities and forming investigation committees. Although it's necessary for reducing violence as much as we can, and the absence of it was the most corresponding factor that led to violence in other countries [23], there is an essential need for other actions beside this punishment in order to make it more effective in reducing violence on medical staff in JH.

### Suggested strategies

Governments and health ministries in Jordan used the post violence management approach solving the violence problem (toughening punishment, training and continuous learning). As seen from the pre-mentioned causes, causes initiators and their weighted percentages. Violence cannot be solved with post violence treatment, there must be actions to eliminate the causes of violence before it occurs. Decision making personals ignoring reasons of violence, it

is clear from the causatives of violence that 58.2% of causes were due to staff, resources and facilities of the hospital (medicine availability, blood availability, inspection devices, respirators,.. etc.). Reducing the number of physicians and nurses will certainly lead to stressed staff and more violence in hospitals and hospitals EDs [27]. Unskilled staff (newly graduated) at the EDs will lead to more miss-communication and increase violence, shortage in medicine and hospital facilities will certainly lead to violence on physicians and nurses [28]. Even toughening the punishment on violence acted people is a good step, it comes late after the violence action. Making awareness for people before they encounter such case is a must through TV and social media in a continuous manner to create a new behavioral culture with medical staff and prevent violence before it happens.

As hospital facilities represent 58.3% of violence initiators; governments and special hospitals should invest more in improving their health care institutional facilities, apply programs for medicine inventory control, human factors and management techniques. People awareness should be improved through official and social media.

### Conclusion

The healthcare institutional safety is essential for both workers and patients. Violence occurred in Jordan hospitals affects negatively the healthcare service provided and healthcare staff stability. In this work the causes for hospitals violence were analyzed, distributed according to their causatives, then solutions based on solving the pre-violence causes are followed to suggest violence prevention actions. According to what have been discussed in this work 58.3% of violence causes refers to hospital facilities or staff; 25% to governmental actions and 17.7% only to patient and/or their families. Though toughening the punishment may rarely reduce violence governments are taking it as the main solution. In this study an emphasize on pre-violence preventive actions such as investing more in hospitals facilities, employing supplementary skilled personals, concentrating on social awareness on official and social media and implementing engineering techniques to manage and facilitate healthcare service. However, continuous training and supporting of healthcare staff with learning from the incidences will improve the situation.

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