

Determinants of Workplace Violence between doctors and Nurses inside the health sector: a systematic review in the Kingdom of Saudi Arabia 2024

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Abstract

Background: Events where doctors and Nurses (HCWs) are attacked, threatened, or abused during work-related situations and that present a direct or indirect threat to their security and well-being are referred to as workplace violence (WPV). Violence in the health sector has increased over the last decade and is a primary global concern in particular doctors and nurses. Recent statistical data demonstrated that HCWs were five times more likely to experience violence than workers in other sectors and are involved in 73% of all nonfatal violent work incidents. The experience of WPV is linked to reduced quality of life and negative psychological implications, such as low self-esteem, increased anxiety and stress. WPV is often linked to poor work performance caused by lower job satisfaction, higher absenteeism, and reduced worker retention, which may disrupt patient care quality and other healthcare service productivity. **The aim of this literature review:** To estimate the prevalence of Workplace Violence between doctors and Nurses inside the health sector in Saudi Arabia 2024. **Methods:** This systematic review was conducted based on the Preferred Reporting Items for Systematic Reviews (PRIS) 2024 review protocol. **Results:** While doctors and Nurses remain particularly vulnerable to violence due to their constant patient interaction, this study reveals that verbal violence is the most prevalent type, significantly impacting the well-being of healthcare workers as a whole. The identified causes of WPV include long waiting times, understaffing, miscommunication, inadequate security measures, high patient expectations, and overcrowding. Respondents emphasized the importance of education, security enhancements, and administrative support to address or prevent verbal violence. **Conclusion:** Workplace violence was prevalent, and verbal abuse was the commonest type among health-care workers in health sector departments of Saudi hospitals. Encouragement to report violent incidents and raising awareness among health-care workers about violence reporting systems are important strategies to improve workplace safety.

Key Words: Factors, Associated, Leadership, Job Security, Nurses, health sector, Saudi Arabia

Introduction:

Background:

Health care workers (HCWs) are among the groups most experiencing violence and aggressive behavior at work, especially those who work in public hospitals (1). The doctors and Nurses inside the health sector violence has negative consequences on safety and workplace activities of HCWs (2). However, the estimated prevalence of violence against HCWs is still unknown because there is no clear definition of a violent incident (3). The World Health Organization (WHO) defined violence as “The intentional use of physical force or power, threatened or actual, against another person or against oneself or a group of people that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (4). The National Institute for Occupational Safety and Health defines workplace violence as “violent acts (including physical assault and threats of assault) directed towards persons at work or on duty” (5). According to WHO, physical or psychological violence can appear in different forms, which may often overlap (6).

Workplace violence may occur most frequently in psychiatric wards, emergency rooms, waiting rooms, geriatric units, and areas that need to work directly with volatile people, especially when they are under the influence of drugs or alcohol, have a history of violence or have certain psychotic diagnoses, are working in crowded and understaffed units, have long waits for service, have inadequate security, have unrestricted movement of the public, and are poorly designed environments (NIOSH, 2018). (7,8)

There is underreported WPV against healthcare workers because of the complex process of reporting and the fear that the manager will not support the victim. (9) It has been found that while 70% of emergency physicians have reported acts of violence against them, only 3% have pressed charges (10). Moreover, the magnitude of WPV underreporting among healthcare workers is difficult to quantify, as studies have found a high prevalence of underreporting of violence (11). Almost one-third of healthcare workers reported physical assault by patients, and half experienced emotional abuse (12). Three-fourths of the nurses have ever been exposed to WPV, especially in the emergency department, and verbal abuse was the most common form due to intense workload, high patient expectations, and substance abuse (13).

Physical violence is defined as the use of physical force against another person or group that results in physical, sexual or psychological harm, and such violence includes beating, kicking, slapping, stabbing, shooting, pushing, biting and pinching (14). Psychological violence is defined as intentional use of power, including threat of physical force, against another person or group that can result in harm to physical, mental, spiritual, moral or social development. (15) Psychological violence includes verbal abuse, bullying/mobbing, harassment (including sexual and racial) and threats. Many studies worldwide have examined the prevalence of workplace violence among HCWs (17). A survey of workplace violence across 65 American EDs conducted in 2008 showed that the violence and weapons in the EDs were common, and nurses were less likely to feel safe than other staff were (18). A cross-sectional study in 2009 in Tokyo, Japan revealed that 36.4% of 11 095 HCWs in 19 hospitals experienced workplace violence by patients or their relatives; 15.9% experienced physical aggression, 29.8% experienced verbal abuse and 9.9% experienced sexual harassment (19). In another large study conducted between October 2012 and July 2013 at primary healthcare centers in Belgrade, Serbia, the prevalence of workplace violence was 52.6% among 1757 HCWs (20). In the Middle East, workplace violence has been investigated in several studies. An Iranian cross-sectional survey in 2011 among 196 nurses in 11 EDs in teaching hospitals in Tehran, showed that 19.7% of nurses faced physical violence and 91.6% experienced verbal abuse (21). Another cross-sectional study in Jordan in 2011 among 227 nurses in 12 provinces revealed that 75.8% were exposed to at least 1 type of violence (22)

Method

Aim of the study:

To estimate the prevalence of Workplace Violence between doctors and Nurses inside the health sector in Saudi Arabia 2024.

Study design:

A literature review study was performed. This design was used to reconceive the presented problem’s perspective and facilitate an effective answer. The methodology follows through the included electronic databases: Google Scholar, PubMed, and Saudi Digital Library (SDL). To ensure a comprehensive and robust analysis, the research methodology employed various strategies, including constant comparison, prolonged engagement, member check, and triangulation.

The research team consisted of experts in health policy and management (NE), WPV (AA), and qualitative and quantitative research methodologies , along with specialists in health services management.

Search strategy:

This systematic review was conducted based on the Preferred Reporting Items for Systematic Reviews (PRIS) 2024 review protocol .A comprehensive database search of the Web of Science, Scopus, and PubMed databases was conducted in February 2024 using key terms related to WPV (“violence”, “harassment”, “abuse”, “conflict”, “confrontation”, and “assault”), workplace setting (“health sector”), and victims (“healthcare personnel”, “healthcare provider”, “doctors and Nurses”, “healthcare worker”). The keywords were combined using advanced field code searching , phrase searching, truncation, and the Boolean operators “OR” and “AND”.

Search methods

A comprehensive search was performed to obtain studies on the Factors Associated between Violence and Job Workplace among Nurses and doctors working in health sector in Saudi Arabia. The databases used in the search included ProQuest and Scopus, and the keywords used were ‘Workplace ’, ‘Violence ’, ‘Saudi Arabia’ , ‘doctors and Nurses’ , ‘inside the health sector ’ ‘Nurses Working’ . These keywords were used to find articles with matching terms in their abstracts or titles. To discover the most recent studies and literature on our review topic, the search was limited to articles published .This involved examining data from multiple sources and employing different research methods to ensure a comprehensive understanding of the topic. The collected data were then analyzed by the three researchers, further enhancing the validity and reliability of the findings.

Inclusion/Exclusion Criteria

The studies that were chosen were limited to studies published in English full-text articles from 2020 to 2024. The studies included must have had doctors and Nurses inside the health sector as respondents who had previous experience with Violence doctors and Nurses. Also, studies should examine the causes of violence, the types or forms of violence, whether they are physical or nonphysical, and whether the perpetrators of violence should be patients or relatives. Moreover, there should be strategies or solutions that can be used as a basis for the results of this study. The exclusion criteria were studies that had only doctors as respondents. The decision was made to focus on doctors and Nurses inside the health sector as a whole. While doctors are an integral part of the healthcare system, the aim of this study was to explore the experiences of a broader range of healthcare workers. Therefore, studies that exclusively focused on doctors were excluded to ensure a more comprehensive understanding of WPV among various healthcare professionals. Also, horizontal violence is excluded because the offenders were colleagues and supervisors in the workplace, which is not the focus of this study.

Synthesis of Data

Once the data had been extracted, the results were categorized and organized so they could be analyzed and compared to meet the objectives of the review. The authors chose to classify WPV’s barriers and facilitators. The information obtained on screening tools (structure and characteristics, psychometric properties, and availability of validation studies) was collated throughout this time.

Table 1 Characteristics of reviewed articles about the workplace Violence between doctors and Nurses inside the health sector

Author, Date, Country	Region	Study design	Study aim	Results
Nelson et al (2024) (23)	Health care settings globally	Descriptive studies The review followed the Preferred Reporting Items for Systematic and Meta-	To assessment the a gender-based review of workplace violence amongst the global health workforce	The findings of this review of descriptive studies, an apparent gender disparity in the prevalence of workplace violence emerged. Overall, 64% of descriptive studies reported a higher prevalence of all forms of WPV for women, including sexual violence, verbal abuse, discrimination, bullying and physical violence. On the other hand, only 17% of the descriptive studies reported men’s higher experience in all forms of WPV, including

		Analyses extension for Scoping Reviews (PRISMA-ScR).		<p>physical violence, verbal violence, bullying and sexual violence. The remaining 19% of the studies that reported higher prevalence for various forms of WPV, either for men or women. All these studies also reported several factors explaining the disparities in prevalence rates for different forms of violence among diverse groups. Firstly, some studies in our review reported insufficient data due to underreporting because of the retrospective nature of reporting mechanisms , as most of the incidents were reported after they had occurred, thus introducing the potential for recall bias.</p> <p>Conclusions</p> <p>Entrenched hierarchical structures often reflect traditional gender norms, where men predominantly hold leadership positions and women are confined to frontline care roles. Simplifying even patient-initiated GB-WPV as a by-product of physical proximity overlooks the deeper systemic issues. Our research reveals how GB-WPV is symptomatic of broader societal injustices rooted in sexism and discrimination, affecting marginalized groups, including women across the globe. These power imbalances create environments where women’s voices are marginalized, their concerns dismissed, and their experiences of violence trivialized. This marginalization not only limits their agency but also exacerbates their vulnerability to GB-WPV.</p>
Alwabiliet al (2024) (24)	Saudi Arabia	cross-section	<p>To estimate the prevalence of WPV against psychiatrists in Saudi Arabia and identify the types and sources of violence experienced as well as the associated risk factors that contribute to WPV.</p>	<p>The study participants had experienced both physical and verbal abuse, with verbal abuse being more common, predominantly during the daytime. This aligns with prior research findings, which found high incidences of both verbal and physical violence directed at healthcare professionals, especially those working in mental health. The primary source of WPV was identified as psychiatric patients, followed by their relatives. This is in line with a study on psychiatric nurses, which also found that patients, followed by their relatives, were the main perpetrators of WPV .The results of this study offer significant insights into the triggers of incidents of WPV as perceived by psychiatrists in Saudi Arabia. The mental health conditions of patients were the most prominent trigger, followed by the denial of their admission to the hospital. Other notable triggers included staff shortages, excessive waiting times, poor work organization, overcrowding, the prohibition of smoking in inpatient wards, and violations of visiting hours.</p> <p>Conclusions</p> <p>This study highlights a significant prevalence of WPV among Saudi Arabian psychiatrists, echoing global trends in psychiatric hospital settings. Notably, regional disparities are apparent, with higher rates of WPV occurring in the central region and MOH hospitals, particularly in emergency rooms. The primary perpetrators of WPV are psychiatric patients and their relatives. Factors such as staffing shortages exacerbate the problem. WPV not only poses physical risks but also inflicts psychological stress and hampers productivity. Underreporting is common due to a lack of awareness or perceptions that WPV is part of the job. Addressing these challenges through raising awareness, providing support mechanisms, and enforcing regulations is imperative to improve workplace safety for</p>

				psychiatrists and enhance overall patient care..
Alsaqat et al (2024) (25)	Saudi Arabia	cross-sectional study	To determine the prevalence of verbal workplace violence in 12 months, the circumstances related to the event, and the consequences to both the attacker and the target person at all healthcare providers in the Kingdom of Saudi Arabia.	<p>The disfiguration and lack of clarity in the definition of WPV led to increased violence. In general, the abuse of HCWs accounts for approximately a quarter of all work violence events; some of these situations have just been observed, and some are the norm to some HCWs. The most interesting finding of our study is that verbal abuse was the most common type of violence experienced by HCWs, as shown in other studies .This study examined verbal abuse against healthcare providers in all the cities in the KSA. According to our study, 49.1% of the participants had experienced verbal abuse in the last 12 months. Conversely, studied nurses working at King Fahad University Hospital in Khobar, studied all HCWs in Abha, and reported more exposure to verbal abuse than the current study. However, both studies were conducted in one hospital and cannot be generalized to all HCWs in the Kingdom. Additionally, most international studies reported higher results than this study. The main reasons for the universal exposure to verbal violence are the lack of education, patient cultural background and personality, workload, social and economic situation, emotional manifestation of pain in psychiatric disorders, and alcohol and other substance abuse, which may influence people’s behavior.</p> <p>Conclusions</p> <p>We found that verbal abuse was the most common form of violence experienced by HCWs in Saudi Arabia, affecting approximately half of the HCWs. However, those working night shifts and in private sectors, pharmacists, and physicians had a higher chance of being verbally abused than nurses, technicians, and medical technologists. Most victims did not report verbal violence, which led to the incorrect estimation of the problem. Creating a comfortable and safe environment for HCWs is a crucial management policy. Therefore, additional research in Saudi Arabia is needed to clarify the definition of verbal abuse or violence in educational processes.</p>

<p>Yusoff et al. (2023) (26)</p>	<p>Healthcare workforce worldwide</p>	<p>Was conducted based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)</p>	<p>To collect and analyses recent evidence from previous workplace violence studies in primary healthcare settings.</p>	<p>Various incidents of violence, including those of a criminal or domestic nature, commonly occur in the tertiary setting. The Healthcare Crime Survey by the International Association for Healthcare Security and Safety (IAHSS) reported that within a 10-year period (2010–2022), the number of hospital workers who experienced ten types of crime-related events in the workplace, such as murder, rape, robbery, burglary, theft, increased by the year. In contrast, most studies conducted in PHC settings focused on providing more evidence of Type II violence, whereby other types were rarely detected. The scarcity of evidence does not necessarily indicate that PHC workers are not vulnerable to criminal or domestic violence. Rather, it implies that WPV is still not entirely explored in the PHC setting, which undermines the establishment of a comprehensive violence prevention strategy that encompasses all types of violence.</p> <p>Conclusions WPV in the PHC setting is a common and growing issue worldwide. Many PHC workers reported experiencing violence in recent years, strongly suggesting that violence is a well-recognized psychosocial hazard in PHC comparable to hospital settings. HCWs are highly susceptible to violence perpetrated by patients or their families, which results in considerable negative consequences. With various predisposing factors, this complex issue indicates a need for more serious consideration of a resolution on par with that in the tertiary setting. Several research gaps.</p>
<p>AlHassan et al. (2023) (27)</p>	<p>Saudi Arabia</p>	<p>Cross-sectional study</p>	<p>To determine the prevalence of workplace sexual violence over 12 months, circumstances related to the event, and consequences for the perpetrator and survivor and to identify associated factors among all healthcare workers (HCWs) in Saudi Arabia.</p>	<p>To the best of our knowledge, this is the first study in Saudi Arabia to estimate the prevalence of sexual WPV in the healthcare sector. A low rate of sexual violence was observed in the present study, as only 3.9% of the participants were exposed. This study showed a significant association between exposure to sexual violence and being a female HCW. The odds of being exposed to sexual violence were 1.5 higher among nurses. Sexual violence is a significant but not well-documented problem, as no study measured it in all cities in Saudi Arabia according to the authors' knowledge, which this study discussed. Most of the studies conducted nationally have mainly focused on a particular city, hospital, or specialty. Reported no sexual violence case, possibly because the study was conducted in a small conservative city with a population quite familiar with each other, which has the potential of a negative social impact. The low reporting rates in was due to sex separation in primary healthcare centers. reported that almost 75% of their participants experienced sexual violence; this may be due to the different definition of sexual violence used in their study. In addition, most of their participants were female.</p> <p>Conclusions The prevalence of sexual violence is low; however, it remains a risk faced by HCWs, especially those working night shifts and having direct physical contact with patients. The prevalence was highest among nurses, midwives, and healthcare specialists and lowest</p>

				among physicians. To explore the causes of sexual violence and to implement solutions accordingly, further studies, especially longitudinal, are needed. Educational programs for HCWs, patients, and their relatives are required. Thus a more encouraging environment to report every violence incident with strict consequences for the perpetrators should be implemented. More importantly, new regulations.
Chirico, et al (2022) (28)	Milan, Italy	A systematic review of the literature was conducted according to the PRISMA 2020 guidelines	To investigate the prevalence and risk factors of WV against HCWs during the COVID-19 pandemic.	<p>Although a numerical comparison with the risk conditions prior to the pandemic is not possible, we can conclude that during COVID-19 pandemic the risk of suffering violence by health workers was excessively high. Studies included in our review showed an association between WV and mental health disorders, especially high anxiety levels . Violence against HCWs has become more profound during the COVID-19 pandemic, thus predisposing HCWs to high levels of mental stress as well as an increased tendency to develop mental health problems. These mishaps could also make HCWs to be frustrated at their duty posts and promote the intention of quitting their profession</p> <p>Conclusions</p> <p>The COVID-19 pandemic has probably exacerbated the perpetration of WV against HCWs globally. While complying with the oath of providing care to patients regardless of the prevailing circumstances, HCWs are exposed to varying levels of WV perpetrated majorly by patients and their relatives. The emotional impact of WV on HCWs is grave, with many HCWs exposed to high levels of mental stress, fatigue, and increased predisposition to mental illness alongside thoughts of quitting their engagement as HCWs. Frontline clinicians faced great pressure and an overwhelming workload during the COVID-19 pandemic. Furthermore, patients and families were often dissatisfied with limited access to medical care, crowded treatment environment, long waiting hours, and insufficient communication with clinicians.</p>

<p>Alyousef et al (2022) (29)</p>	<p>Saudi Arabia.</p>	<p>Comprises a qualitative exploratory study consisting of semistructured interviews</p>	<p>To explores the experiences of mental health nurses with work-related violence and attempts to combat this violence in the context of inpatient mental health facilities in Saudi Arabia.</p>	<p>The rates of violence toward HCPs reported in KSA MH inpatient settings are similar to those in other nations. However, the responses of MHNs to workplace violence incidents may differ between locations based on policies, social and cultural values, administrative structures, and the attitudes of MHNs toward workplace violence, where a lack of institutionalized support for nurses who have suffered workplace violence may play an important role in influencing their choice of field of practice and their willingness to continue to care for patients at all. These data suggest that institutional policies or protocols for protecting MHNs in an organized way may be weak or absent, putting the onus on the nurses themselves to ameliorate the workplace violence perpetrated against them. This may be due to various contributing factors, such as absent or weak policy addressing workplace violence at an institutional level, poor preparation or unwillingness of administrators to recognize the problem, or poor recognition of the legitimacy of these concerns based on the assumption that violence toward MHNs is expected as part of the work and therefore not necessary to address it at the institutional level. However, the nurse may not be equipped to address these concerns.</p> <p>Conclusions</p> <p>Nurses are a vulnerable yet essential group within the health system, but they have a heightened vulnerability to workplace violence. Their experiences of workplace violence indicate that more work is required to address this issue to decrease its negative emotional and physical impact on these nursing professionals and to permit them to optimize their personal and professional development. Although the systemic change from policymakers may be necessary to increase safety for nurses working in high-risk areas—especially inpatient MH care—positioning nursing clinical supervision to advocate for the inclusion of nurse safety in the policy structure may be valuable.</p>
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Results and discussion

This systematic review doctors and Nurses remain particularly vulnerable to violence due to their constant patient interaction, this study reveals that verbal violence is the most prevalent type, significantly impacting the well-being of healthcare workers as a whole. The identified causes of WPV include long waiting times, understaffing, miscommunication, inadequate security measures, high patient expectations, and overcrowding. Respondents emphasized the importance of education, security enhancements, and administrative support to address or prevent verbal violence. Through 7 cross-sectional studies published between 2020 and 2024 present systematic review (Table 1) that explored determinants of Workplace Violence between doctors and Nurses inside the health sector: a systematic review in the Kingdom of Saudi Arabia 2024

Found the disfiguration and lack of clarity in the definition of WPV led to increased violence. In general, the abuse of HCWs accounts for approximately a quarter of all work violence events; some of these situations have just been observed, and some are the norm to some HCWs (13). The most interesting finding of our study is that verbal abuse was the most common type of violence experienced by HCWs, as shown in other studies.(20) This study examined verbal abuse against healthcare providers in all the cities in the KSA. Additionally, those who had fewer years in practice were more likely to experience verbal abuse than those with more experience; in the present study, those who had 6 to 10 years of experience had the highest exposure to verbal violence.(26) In this study, according to the HCWs, the offending persons were mostly the patients and their relatives. This is consistent with the findings of some other studies.(29) In

contrast, in the study by Samir et al, half of the abuses came from colleagues and staff members.(20) According to the present study, the working sector and job type of HCWs did not significantly converge on their exposure to verbal abuse. However, another study in Europe shows that governmental hospitals are more vulnerable to verbal abuse than private hospitals.(30) Social problems related to psychological violence are one of the most common causes of verbal abuse, as presented in the study in Turkey by(28), which mentioned that misunderstandings and personal problems of perpetrators are the reasons for verbal WPV. Saudi Arabia has the same issue since many non-Saudi healthcare practitioners are working in the country, and differences in languages, cultures, and religions lead to miscommunications. (31) Verbal violence could worsen the mental and emotional status of HCWs and could cause them to be “super-alert.” There are quite a few strategies that were proposed, such as education, security in the workplace, and administrative support. (32) Stated that well-prepared emergency personnel through education programs that teach them to deal with aggression and protect themselves from violence can be effective in the workplace. Also (2019) found measures to reduce incidence by applying deterrent penalties to deterrent people; adequate staffing; arranging security personnel 24/7; establishing metal detectors for ammunition and control points; processing oral and written complaints of patients and relatives and communicating them to authorized administration; and developing training and programs that improve communication among staff, patients, and relatives both during academic training and with patient information boards. Staff must be trained to recognize, manage, cope, adopt de-escalation, and develop skills to resolve conflict (30). The study showed that anger was the most observed Training MHNs in appropriate ways to address violence in their practice prepares them to capable to address and advocate for safe working conditions. This training would be appropriately placed in theory and clinical curricula. Attitudes of complacency toward violence in any field of practice have no place in any type of training at whatever level. As expressed clearly by the participants, while they desired more training to gain insights into the processes of MHDs and the ways to protect themselves from harm to their psyche caused (31) they were also anxious to be assisted practically in de-escalating potential violence and to have skills to protect themselves and patients from danger resulting from physical assault.

Conclusions

Underreporting of WPV to managers is happening because healthcare workers are resilient to violence and think it is considered part of their job. They are no longer reporting, especially if they did not get physically hurt, because violence is already a normal thing that happens. Also, staff is not bothered to report any incidents of violence because of the complexity of the reporting process, the managers are not helpful, and they think that nothing will happen even if they report it. Nevertheless, even after the incident of violence, healthcare workers will continue their job and provide the care needed. However, the turmoil of violence against healthcare workers’ well-being, psychologically and physically, is unfathomable, especially for the susceptible ones who cannot endure any form of violence. On the other hand, healthcare workers, especially nurses, endorsed the need to improve education and training, security, and administrative support to have a safe workplace.

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