

Prevalence of workplace violence against health care workers in post COVID-19 Era, Baghdad 2023

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ABSTRACT:

Background: Workplace violence is defined as any act or threat of physical violence, harassment, intimidation or other threatening, disruptive behavior from patients, patient's family members, external individuals, and hospital personnel. It includes physical, sexual, and psychological assaults. During the pandemic's first 6 months, 611 events of COVID-19-associated physical and verbal attacks have occurred.

Objectives:

- To measure the prevalence of workplace violence against healthcare staff at four major health facilities in Baghdad city in the year of 2023.
- To find out the association between socio-demographic factors of participants and their exposure to violence.

Methods: A Cross sectional study with analytic elements, that was carried out during the period from February 2023 to May 2023. The sample was collected from four major hospitals in Baghdad city; with a total of 530 participants of medical staff from the included health institutions; answered the relevant questionnaire completely and were enrolled in the study. **Results:** The prevalence of different forms of violence was 45.8%; most of attacks were physical, with a rate of 13.7%, and in the second rank of outcome of the attacks, as this group of society was subjected to verbal violence, such as threats, bullying, and verbal attacks, by 12.43%. This study demonstrated that young male staff were exposed more frequently to violence than others. **Conclusion:** Medical staff are at high risk of violence exposure in health facilities in Baghdad city. Administrators and related departments should pay attention to consequences of these incidents.

Keyword: *violence, medical staff, pandemic, Iraq*

INTRODUCTION:

Workplace violence is defined as any act or threat of physical violence, harassment, intimidation or other threatening, disruptive behavior from patients, patient's family members, external individuals, and hospital personnel. It includes physical, sexual, and psychological assaults".^[1] Physical violence includes assault, homicide, attack, abusive behavior while psychological violence includes threats, coercion, verbal attacks, bullying, social isolation, non-verbal abuse such as stalking and intimidation.^[1,2] Healthcare workers denotes personnel in the healthcare sector such as nurses, physicians, pharmacists, dentists, volunteers, care providers whose jobs require them to have direct interaction with patients or their families in the hospitals or healthcare amenities.^[3,4] Shortages in healthcare facilities, increased patient morbidities, exposure to

violent individuals, and the absence of strong workplace violence preventive measures and defensive rules are all barriers to eradicating violence against healthcare personnel.^[5] Victims who were exposed to violence; are suffering from effects as injury or disability and also from psychological consequences such as sleeping problems, poor performance in their works, deteriorating self-esteem, long lasting vague pain, nightmares, anxiety, diminished self-confidence, depression and post-traumatic stress disorder, moreover; these acts may lead to reduced productivity, rising employee turnover and absenteeism.^[1,6]

According to the study by Gilbert Burnham and colleagues' a 22% decline has occurred in the number of medical experts in the city of Baghdad between 2004 and 2007 as a result of violent behaviors (1-65%),

threats (3%), and kidnappings (0.67%), and in a 2008 of emergency department physicians in Iraq, 80% conveyed an assault by patients or their relatives, 38% of which involved a firearm threat.^[7]

A study in Jordan showed that (65.5%) of participants reported exposure to workplace violence, in the form of verbal violence (52.0%), and patients' relatives were the main committers in most incidents.^[8]

The International Committee of the Red Cross (ICRC) has assembled data on COVID-19-associated attacks against health care workers in several parts of the world. During the pandemic's first 6 months, 611 events of COVID-19-associated physical and verbal attacks, threats, or discrimination targeted the health care staff, patients, and medical services in more than 40 countries, according to the ICRC. In March, the ICRC stated that 32% of the 325 violent events directed towards the health personnel and facilities in Colombia in 2020 were COVID-19 pandemic associated.^[9,10]

OBJECTIVES:

1. To measure the prevalence of workplace violence against healthcare staff at four major health facilities in Baghdad city in the year of 2023.
2. To find out the association between socio-demographic factors of participants and their exposure to violence.

METHOD:

This is a Cross sectional study with analytic elements, and was carried out during the period from February 2023 to May 2023. The sample was collected from four major hospitals in Baghdad city; Baghdad teaching hospital, Al-Kindi teaching hospital, Al-Yarmok teaching hospital, and Al-Kadimiya hospital.

A total of 700 participants of medical staff from the included health institutions; answered the relevant questionnaire, and only 530 were completed. All participants who were available at the time of data collection and wishing to participate in the study were included.

A self- constructed questionnaire was prepared, along with the appraisal of many previous studies and researches, a questionnaire form comprised the following parts:

Part1: Includes social and demographic data comprised of age, gender, educational achievement, type of work and place of work as a health worker.

Part 2: Questions that review the exposure of the medical staff in the relevant health institutions to violence in the period of the last two years, the type, frequency, location, the motives and solutions that must be followed and the tools used during its occurrence.

Ethical and official approvals were obtained from within the health facilities, and the researcher institution. After a comprehensive explanation of the objectives for the medical staff who were assured that the data was taken would remain confidential and would not be used for any purpose rather than research work.

Statistical analysis was carried out using the SPSS (Statistical Packages for Social Sciences) version 24. Data was presented in measures of frequency and percentages.

The significance of association was tested using Pearson Chi-square test, statistical significance was considered with P-value equal to or less than 0.05

RESULTS:

A total sample of 530 participants were enrolled in this study, males& females constituted 46.4%& 53.6% of the sample respectively. The socio-demographic characteristics of participants are presented by table (1).

Table (1): Socio-demographic characteristics of the sample, N=530

Variables		No.	Percent %
Age (years)	<25	115	21.6
	25-35	218	41.2
	36-45	108	20.3
	46-55	55	10.5
	>55	34	6.4
Gender	Male	246	46.4
	Female	284	53.6
Residence	Rural	56	10.5
	Urban	474	89.5
Educational achievement	Primary school	4	0.7
	Intermediate school	36	6.8
	Medical institution	76	14.4
	Bachelor degree	176	33.3

	MSc	49	9.2
	PhD	110	20.6
	Others	79	15.0

Table (2): Distribution of the sample according to the site of work& type of jobs, N=530

Variables		No.	Percent (%)
Site of work	Emergence department	97	18.3
	Medical ward	131	24.8
	Operative room	34	6.5
	Surgical ward	59	11.1
	X-ray, MRI, CT or U/s departments	80	15.0
	Others	129	24.3
Type of job	Dentist	24	4.6
	Junior resident doctor	66	12.4
	Laboratory staff	21	3.9
	Operative room staff	21	3.9
	Pharmacist	49	9.2
	Senior doctor	96	18.3
	Senior resident doctor	59	11.1
	X-ray, MRI, CT or U/s staff	66	12.4
	Others	128	24.2

Table (3): Prevalence of violence in the study sample, N=530

Variables		No.	Percent (%)
Exposure to violence	No	287	54.2
	Yes	243	45.8
Type of violence	Emotional	41	7.8
	Financial abuse	11	2.07
	Psychological	31	5.9
	Physical	73	13.7
	Sexual harassment	21	3.9
	Verbal	66	12.43
	None	287	54.2
Frequency of violence	Every day (daily)	14	2.6
	Twice per week	11	2.0
	Single time per week	4	0.7
	Twice per month	21	3.9
	Once per month	17	3.3
	(2-5) times in the last 2 years	55	10.5
	Single time in the last 2 years	121	22.8
None	287	54.2	
Site of violence	Emergency unit	73	13.6
	Laboratory	14	2.5
	Medical ward	49	9.2
	Operative room	29	5.4
	Surgical ward	24	4.6
	X-ray, MRI, CT or U/s room	30	5.9
	Others	24	4.6
	None	287	54.2

The results expressed non-significant associations between demographic characteristics of participants and exposure to violence; as the youngest males of the age group (less than 25 years) were non-significantly exposed to more violence, (*p*-values were 0.884& 0.413 respectively for age& gender).

Table-4 Association between site, type of job and exposure to violence, N=243

		Yes		P value
		No.	Percent%	
Site of Work	Emergency unit	66	27.1	0.001
	Medical ward	52	21.4	
	Operative room	24	10	
	Others	28	11.4	
	Surgical ward	38	15.7	
	X-ray, MRI, CT or U/s room	35	14.4	
Type of job	Dentist	10	4.3	0.0001
	Junior resident doctor	73	30	
	Laboratory staff	14	5.7	
	Operative room staff	14	5.7	
	Others	14	5.7	
	Pharmacist	10	4.3	
	Senior doctor	35	14.3	
	Senior resident doctor	45	18.6	
	X-ray, MRI, CT or U/s staff	28	11.4	

Staff of emergency department was significantly exposed to violence than others and the Junior residents were significantly the victims of this violence.

DISCUSSION:

The incidence of patient-doctor disputes is alarmingly increasing in Iraq, and this article reviews the current status of violence against medical workers in health facilities specifically following the pandemic of COVID-19. A total sample of 530 participants were enrolled in this study, males & females constituted 46.4% & 53.6% of the sample respectively. In comparison with several studies conducted in different countries, we found that the prevalence of different forms of violence was 45.8%; most of the attacks were physical, with a rate of 13.7%, and in the second rank of the outcome of the attacks, this group of society was subjected to verbal violence, such as threats, bullying, and verbal attacks, by 12.43%. This study demonstrated that young male staff were exposed more frequently to violence than others, and this was consistent with another study that was conducted in China; stated that these acts of violence were directed mainly at the young healthcare workers by 62.4%, and the reason behind this is that they work in an environment dominated by stress. As for the percentage that were least exposed to assault, they ranged in age over 55 years, and the reason behind this is that they have a lot of experience and dealing with a stressful environment.^[11]

The COVID-19 pandemic has made the risks even worse for physicians, nurses, and other medical staff, unfortunately.

A study was conducted in Jordan; explored the exposure of medical staff to violence during the last six months, showed that most participants (65.5%) reported exposure to violence, chiefly verbal (52%) and mixed violence (32%), respectively.^[8]

CONCLUSION:

Medical staff are at high risk of violence exposure in health facilities in Baghdad city. Administrators and related departments should pay attention to the consequences of these incidents. There is a need for preventive measures to protect medical staff and provide a safer workplace environment. The results can provide reference information for intervention strategies and safety measures.

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