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Assessment of Violence Against Medical Staff in Prince Salman Hospital in AL Riyadh City, Case Study

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Abstract: The current study aims at assessing violent prevalence experienced and / or witnessed by medical staff at work, and determining whether there is a relationship between the prevalence of violence which the staff of Prince Salman Hospital has experienced and/or witnessed and the demographic factors. Descriptive and analytical case study method was used to gather information at Prince Salman Hospital. The health care staff of the hospital is the sample. All of them were asked to do the questionnaire. Results indicate that most of the staff are subjected to a variety of violence, at least, once a day. The statistical analysis shows that physical violence rates are between 27.7% and 30.4 %, verbal violence rates are between 41.1% and 41.1%, and sexual harassment rates are between 11.6 % and 19.6. In addition, results refer that there is a relationship between physical violence, age, and the workgroup. Whereas, there is no relationships between physical violence and sexual intends. in regarding with verbal violence, there is a relationship with different elements of age, marital status, and workgroup. Furthermore, there are no relationships between sexual harassments and marital status and workgroup. The present study conclusions that there are increasing numbers of violent states at the Prince Salman Hospital in Al-riyadh. So, it recommends that some procedures must be done to help the staff to handle violent actions, to develop the policies of reporting events, to increase security and community awareness with the phenomenon of violence.

Keywords: violence, assess, demographic factors, abuse, prevalence medical staff.

INTRODUCTION :

Violence is to breach human needs of safety. All people, whatever their age, gender, sexual orientation, or place of residence, can experience violent situations. Healthcare providers, in particular, are subjected to "abusive language, threats, or physical assault" (Rippon, 2000) turning violence into a serious personal and professional issue.

Violence is rapidly spreading in health sector with variety of reasons like straining of reforms, increasing work stress, social instability and the deterioration of personal interrelationships and workplace. Recent studies confirm that violence in health sector is a universal phenomenon, although local characteristics may vary. It affects women and men health. That phenomenon affects about 50% of health care employees. (Di Martino, V., 2002, forthcoming).

Patients' and their escorts' violent behavior towards medical staff is classified as a challenging problem facing hospitals and clinics in communities. The challenging increasingly gets worse especially in the Middle East and Asian societies.

Health care employees face high rates of violence as they serve wide variety of people. A broad range of violent and aggressive acts towards health care employees have been documented, including verbal abuse, physical assault, theft of property, and sexual harassment. Doctors and nurses rank the highest in terms of health workers to be subjected to threats and assaults. (Parker Magin, 2007).

Numerous studies revealed that surveys or questionnaires were commonly used to examine violence in psychiatric settings or emergency departments, few have considered public health care facilities and, more specifically, variations in professions and locations. Some studies focus solely on nurses and do not take into consideration other health care workers. Other studies have been carried out by external researchers with presumably limited knowledge of workplace. It clear that there had been no study to assess violence prevalence in hospitals, and to determine if there is a relationship between violence prevalence and demographic factors in public health care settings in Saudi Arabia

Statement of the Problem: The study aims at assessing violent prevalence experienced and / or witnessed by medical staff at work, and to determine if there is a relationship between violence prevalence and the demographic factors. This research aims at achieving the following objectives:

objectives:

1- To assess the prevalence of violence events experienced and/or witnessed by medical staff in Prince Salman Hospital.
2- To determine if there is a relationship between the prevalence of violence and the demographic factors.
3- To provide recommendations and remedies to reduce violence events in Price Salman Hospital.

Study Questions: The study aims at answering the following questions:

- How frequency does violence occur in Prince Salman Hospital?
- Is there a relationship between the prevalence of violence and the demographic factors ?

Methodology

Study Design:

To identify status and nature of a particular situation, a descriptive and analytical case study was used and applied at Prince Salman Hospital. It is concerned with describing present conditions based on the perceptions and views of particular respondents.

Population and sample : The sample included all staff members (physicians, nurses, pharmacists, administrative staff and others) at Prince Salman Hospital in Riyadh. Participants were selected through probability sampling techniques, 112 medical staff were randomly selected.

Before conducting the study, Permissions were obtained from hospital managers (the letter of approval is provided in the appendix). Confidentiality and anonymity were maintained throughout the study. During the study, measures were taken to protect the identity of the subjects and there was no gender or race discrimination.

Instrument : Survey method was used to gather the primary data . This method was selected because it is fast and economy.

Before data collection commenced, the used instrument for the present study was a 20-item questionnaire which has been adopted from Workplace Violence in the Health Sector Country Case Study – Questionnaire, designed by International Labour Office ILO, International Council of Nurses ICN, World Health Organization WHO, Public Services International PSI, GENEVA 2003.

The questionnaire consisted of four main sections: Section I pertained to Personal and Workplace characteristics of participants such as (a) gender, (b) age, (c) marital status, (d) category describes the present profession, and (e) experience.

Sections II, III, and IV included close-ended questions like yes or no questions. Which used to determine violent type that participants had experienced and witnessed during 12 months. In addition, participants were asked to provide responses in relation to the frequency of physical, verbal and sexual aggression directed towards them from patients. Lastly, participants were asked to determine if they had reporting violence to their supervisor either they witnessed or experienced incidents .

The questionnaire consisted the following variables :

1. Age (ten Levels).
2. Gender (Male, Female).
3. Marital status (Five Levels).
4. profession (Seven Levels).

5. Experience (Six Levels).

The researcher has implemented a tool definitive study on a sample composed of (112) members of staff in Prince Salman Hospital in Riyadh City.

Reliability: Reliability was measured by paragraphs internal consistency coefficient, as a value of Cronbach Alpha reliability coefficient 0.876%. it is acceptable for the purposes of scientific researches.

Data Analysis *:* Statistical Package for the Social Sciences (SPSS) was used to analyze the collected data. Descriptive statistics were conducted on demographic data to describe the sample. Frequency and percentages were calculated on nominal (categorical/dichotomous) to assess violent prevalence in Price Salman Hospital.

Statistical methods: Collected data was processed through SPSS program. Frequencies and percentages were calculated. Chi-Square test, Mann-Whitney Test, and Kruskal-Wallis Test.

Results and Discussion

Sample description: It is based on number of independent variables and taxonomic characteristics relate to personal and workplace data. In light of these variables, sample properties can be identified as following:

AGE. Sample distribution on their age and how often they subject to violence as the following table shows:

Table (1) frequencies and variable age

Age	Frequency	Percentage
19 or under	6	%5.4
20 – 24	23	%20.5
25 – 29	25	%22.3
30 – 34	19	%17.0
35 – 39	13	%11.6
40 – 44	7	%6.2
45 – 49	6	%5.4
50 – 54	7	%6.2
55 – 59	4	%3.6
60 +	2	%1.8
Total	112	100

The analysis results show that ages from (25 – 29) are subjected to the highest rate of violent frequency with 22.3%.

Gender: Sample distribution on their gender and how often they subject to violence as the following table shows:

Table (2) frequencies and variable of gender

Levels of Gender	Frequency	Percentage
Female	62	%55.4
Male	50	%44.6
Total	112	%100

The analysis results show that females are subjected to the higher rate of violent frequency with 55.3%.

Marital Status: Sample distribution on their marital status and how often they subject to violence as the following table shows:

Table (3) frequencies and variable of marital status

Marital status	Frequency	Percentage
Single	36	32.1%
Married	56	50.0%
separated /divorced	12	10.7%
living with partner	4	3.6%
widow/widower	4	3.6%
Total	112	100%

The analysis results show that married are subjected to the highest rate of violent frequency with 50%.

Profession groups: Sample distribution on their profession group and how often they subject to violence as the following table shows:

Table (4) frequencies and variable of profession group

Profession group	Frequency	Percentage
Physician	19	17.0%
Nurse	67	59.8%
Pharmacist	7	6.2%

Profession group	Frequency	Percentage
Ambulance	0.0	0.0%
administration/clerical	7	6.2%
professions allied to medicine (therapists/radiographers/assistants)	4	3.6%
Other	8	7.1%
Total	112	100%

The analysis results show that nurses are subjected to the highest rate of violent frequency with 59.8%.

Experience: Sample distribution on their experience and how often they subject to violence as the following table shows:

Table (5) frequencies and variable of experience

Experience	Frequency	Percentage
under 1 year	9	8.0%
1 – 5	36	32.1%
6 – 10	24	21.4%
11 – 15	22	19.6%
16 – 20	8	7.1%
over 20	13	11.6%
Total	112	100%

The analysis results show that 1:5 year experience are subjected to the highest rate of violent frequency with 32.1%.

Study outcomes : The outcomes are presented within the finds of the two questions which aimed to be fulfilled.

First: how often does violence take place in Prince Salman Hospital?

As mentioned above, there are some types of violence. So, each type has an especial answer as the following:

Physical violence: chi-square test and statistical significance were used to calculate how often that happens as the following tables show.

Table (6) frequency of physical violence

NO.	Items/Question	Frequency	NO	YES	Value Chi – Square	degrees of freedom	Sig.
		%					
1	Have you subjected to physical violence in your workplace?	Frequency	81	31	22.321	1	**0.00****
		%	72.3	27.7			

** significant at (α = 0.05).

Results refer to statistical differences in sample responses. Chi-square test value is (22.231). it is statistical significance at (α = 0.05).

Table (7) frequency of physical violence

NO.	Items/Question	Frequency	all the time	Sometimes	Once	Value Chi – Square	degrees of freedom	Sig.
		%						
2	**How often has this occurred in the last 12 months?**	**Frequency**	**8**	**12**	**11**	**0.839**	**2**	**0.657**
		%	**25.8**	**38.7**	**35.5**			

Results refer to zero statistical differences in sample responses. Chi-square test value is (0.839). it is statistical significance at (α = 0.05).

Table (8) frequency of physical violence

NO.	Items/Question	Frequency	NO	YES	Value Chi – Square	degrees of freedom	Sig.
		%					
3	**In the last 12 months, have you witnessed incidents of physical violence in your workplace?**	**Frequency**	**78**	**34**	**17.286**	**1**	**0.00****
		%	**69.6**	**30.4**			

** significant at (α = 0.05).

Results refer to statistical differences in sample responses. Chi-square test value is (17.286). It is statistical significance at (α = 0.05).

Table (9) frequency of physical violence

NO.	Items /Question	Frequency	Once	2-4 times	5-10 times	Several times a month	About once a week	Daily	Chi – Square Value	df.	Sig.
		%									
4	**How often has violence occurred in the last 12 months?**	**Frequency**	**7**	**17**	**0.0**	**6**	**2**	**2**	**22.176**	**4**	**0.00****
		%	**20.6**	**50.0**	**0.0**	**17.6**	**5.9**	**5.9**			

** significant at (α = 0.05).

Results refer to statistical differences in sample responses. Chi-square test value is (22.176). It is statistical significance at ($\alpha = 0.05$).

Table (10) frequency of physical violence

NO.	Items/Question	Frequency	NO	YES	Value Chi – Square	df.	Sig.
		%					
5	Did you report violence to your supervisor? (witnessed or experienced)	Frequency	89	23	38.893	1	**0.00****
		%	79.5	20.5			

** significant at ($\alpha = 0.05$).

Results refer to statistical differences in sample responses. Chi-square test value is (38.893). It is statistical significance at ($\alpha = 0.05$).

Verbal abuse: chi-square test and statistical significance were used to calculate how often that happens as the following tables show.

Table (11) frequency of verbal abuse

NO.	Items/Question	Frequency	NO	YES	Value Chi – Square	degrees of freedom	Sig.
		%					
1	**Have you subjected to verbal abused in your workplace?**	**Frequency**	**66**	**46**	**3.571**	**1**	**0.059**
		%	**58.9**	**41.1**			

Results refer to zero statistical differences in sample responses. Chi-square test value is (3.571). it is statistical significance at ($\alpha = 0.05$).

Table (12) frequency of verbal abuse

NO.	Items/Question	Frequency	all the time	Sometimes	once	Value Chi – Square	df.	Sig.
		%						
2	**How often has this occurred in the last 12 months?**	**Frequency**	**12**	**26**	**8**	**11.652**	**2**	**0.003****
		%	**26.1**	**56.5**	**17.4**			

Results refer to statistical differences in sample responses. Chi-square test value is (11.652). It is statistical significance at ($\alpha = 0.05$).

Table (13) frequency of verbal abuse

NO.	Items/Question	Frequency	NO	YES	Value Chi – Square	Freedom degree	Sig.
		%					
3	**Have you witnessed verbal abuse in your workplace?**	**Frequency**	**66**	**46**	**3.571**	**1**	**0.059**
		%	**58.9**	**41.1**			

Results refer to zero statistical differences in sample responses.Chi-square test value is (3.571). it is statistical significance at ($\alpha = 0.05$).

Table (14) frequency of verbal abuse

NO.	Items /Question	Frequency	Once	2-4 times	5-10 times	Several times a month	About once a week	Daily	Value Chi – Square	df.	Sig.
4	How often has this occurred in the last 12 months?	Frequency	10	5	9	11	3	8	6.174	5	0.290
		%	21.7	10.9	19.6	23.9	6.5	17.4			

Results refer to zero statistical differences in sample responses. Chi-square test value is (6.174). it is statistical significance at ($\alpha = 0.05$).

Table (15) frequency of verbal abuse

NO.	Items/Question	Frequency	NO	YES	Value Chi – Square	degrees of freedom	Sig.
5	Did you report it to your supervisor? (witnessed or experienced)	Frequency	90	22	41.286	1	**0.00****
		%	80.4	19.6			

Results refer to statistical differences in sample responses. Chi-square test value is (41.286). It is statistical significance at ($\alpha = 0.05$).

Sexual Harassment: Chi-square test and statistical significance were used to calculate how often that happens as the following tables show.

Table (16) frequency of sexual harassment

NO.	Items/Question	Frequency	NO	YES	Value Chi – Square	degrees of freedom	Sig.
1	Have you been sexually harassed in your work place?	Frequency	99	13	66.036	1	**0.00****
		%	88.4	11.6			

Results refer to statistical differences in sample responses. Chi-square test value is (66.036). It is statistical significance at ($\alpha = 0.05$).

Table (17) frequency of sexual harassment

NO.	Items/Question	Frequency	all the time	Sometimes	once	Value Chi– Square	df.	Sig.
2	How often has this occurred in the last 12 months?	Frequency	0.0	6	7	0.077	2	**0.782**
		%	0.0	46.2	53.8			

Results refer to zero statistical differences in sample responses.Chi-square test value is 0.077. it is statistical significance at ($\alpha = 0.05$).

Table (18) frequency of sexual harassment

NO.	Items/Question	Frequency	NO	YES	Value Chi – Square	degrees of freedom	Sig.
3	**Have you witnessed sexually harassments in your workplace?**	Frequency	90	22	41.286	1	**0.00****
		%	80.4	19.6			

Results refer to statistical differences in sample responses. Chi-square test value is 41.286. It is statistical significance at ($\alpha = 0.05$).

Table (19) frequency of sexual harassment

NO	Items /Question	Frequency	Once	2-4times	5-10 times	Several times a month	once a week	Daily	Value Chi – Square	df.	Sig.
4	**How often has this occurred in the last 12 months?**	**Frequency**	**15**	**4**	**0.0**	**0.0**	**2**	**1**	**22.727**	**3**	**0.00****
		%	**68.2**	**18.2**	**0.0**	**0.0**	**9.1**	**4.5**			

Results refer to statistical differences in sample responses. Chi-square test value is 22.727. It is statistical significance at ($\alpha = 0.05$).

Table (20) frequency of sexual harassment

NO.	Items/Question	Frequency	NO	YES	Value Chi – Square	degrees of freedom	Sig.
5	Did you report this to your supervisor? (witnessed or experienced)	Frequency	98	14	63.00	1	**0.00****
		%	87.5	12.5			

Results refer to statistical differences in sample responses. Chi-square test value is 63.00. It is statistical significance at ($\alpha = 0.05$).

Second: Is there a relationship between violence prevalence and demographic factors?

Researcher linked sample properties (age, gender....) and other variables to get the following results. In addition, wondered about some hypotheses.

Variable 1 : PHYSICAL WORKPLACE VIOLENCE

Are there statistical significant differences at ($\alpha = 0.05$) in the degree of Physical Workplace Violence due to age? Kruskal-Wallis Test was used to get answers to this hypothesis.

Table (21) Kruskal-Wallis Test on age

Question	Levels of Age	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	19 or under	6	41.00	28.146	0.001**
	20 – 24	23	77.52		
	25 – 29	25	49.96		
	30 – 34	19	61.63		
	35 – 39	13	53.92		
	40 – 44	7	57.00		
	45 – 49	6	41.00		
	50 – 54	7	41.00		
	55 – 59	4	41.00		
	60 and above	2	41.00		
Q2	19 or under	6	41.00	26.839	0.001**
	20 – 24	23	75.80		
	25 – 29	25	48.12		
	30 – 34	19	64.11		
	35 – 39	13	55.35		
	40 – 44	7	59.86		
	45 – 49	6	41.00		
	50 – 54	7	41.00		
	55 – 59	4	41.00		
	60 and above	2	41.00		
Q3	19 or under	6	39.50	27.329	0.001**
	20 – 24	23	51.67		
	25 – 29	25	48.46		
	30 – 34	19	68.97		
	35 – 39	13	73.96		
	40 – 44	7	79.50		
	45 – 49	6	58.17		
	50 – 54	7	39.50		
	55 – 59	4	39.50		
	60 and above	2	39.50		
Q4	19 or under	6	39.50	22.692	0.007**
	20 – 24	23	53.37		
	25 – 29	25	49.14		
	30 – 34	19	69.13		
	35 – 39	13	71.19		

Question	Levels of Age	N	Mean Rank	Kruskal-Wallis Test	Sig.
	40 – 44	7	76.64		
	45 – 49	6	57.67		
	50 – 54	7	39.50		
	55 – 59	4	39.50		
	60 and above	2	39.50		
Q5	19 or under	6	45.00	20.093	0.017**
	20 – 24	23	57.17		
	25 – 29	25	49.48		
	30 – 34	19	59.74		
	35 – 39	13	62.23		
	40 – 44	7	85.00		
	45 – 49	6	63.67		
	50 – 54	7	45.00		
	55 – 59	4	45.00		
	60 and above	2	45.00		

Results refer to statistical differences at ($\alpha = 0.05$) in Physical Workplace Violence degree on age.

Are there statistical significant differences at ($\alpha = 0.05$ Physical Workplace Violence degree due to Gender? Mann-Whitney Test was used to get answers to this hypothesis.

Table (22) Mann-Whitney Test on gender

Question	Levels of Gender	N	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig.
Q1	Female	62	59.97	3718.00	1335.0	0.104
	Male	50	52.20	2610.00		
Q2	Female	62	59.10	3664.00	1389.0	0.231
	Male	50	53.28	2664.00		
Q3	Female	62	54.85	3401.00	1448.0	0.454
	Male	50	58.54	2927.00		
Q4	Female	62	55.67	3451.50	1498.5	0.710
	Male	50	57.53	2876.50		
Q5	Female	62	54.03	3350.00	1397.0	0.201
	Male	50	59.56	2978.00		

Results refer to zero statistical differences at ($\alpha = 0.05$) in Physical Workplace Violence degree on gender.

Are there statistical significant differences at (α = 0.05) Physical Workplace Violence degree due to marital Status? Kruskal-Wallis Test was used to get answers to this hypothesis.

Table (23) Kruskal-Wallis Test on marital statuse

Question	Levels of Marital Status	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	Single	36	61.22	13.090	0.011**
	Married	56	50.00		
	separated /divorced	12	73.67		
	living with partner	4	69.00		
	widow/widower	4	41.00		
Q2	Single	36	61.40	13.711	0.008**
	Married	56	49.66		
	separated /divorced	12	73.04		
	living with partner	4	74.00		
	widow/widower	4	41.00		
Q3	Single	36	51.94	7.497	0.112
	Married	56	59.50		
	separated /divorced	12	67.50		
	living with partner	4	39.50		
	widow/widower	4	39.50		
Q4	Single	36	50.60	10.077	0.039**
	Married	56	59.35		
	separated /divorced	12	72.25		
	living with partner	4	39.50		
	widow/widower	4	39.50		
Q5	Single	36	51.22	6.513	0.164
	Married	56	58.00		
	separated /divorced	12	63.67		
	living with partner	4	73.00		
	widow/widower	4	45.00		

Results refer to statistical differences at (α = 0.05) in Physical Workplace Violence degree on marital statuse as Q1, Q2, and Q4 show. While Q 3 and Q5 refer to zero statistical differences at (α = 0.05).

Are there statistical significant differences at (α = 0.05) Physical Workplace Violence degree due to Professional group? Kruskal-Wallis Test was used to get answers to this hypothesis.

Table (24) Kruskal-Wallis Test on profession group

Question	Levels of Professional group	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	Physician	19	52.79	20.044	0.001**

Question	Levels of Professional group	N	Mean Rank	Kruskal-Wallis Test	Sig.
	Nurse	67	53.54		
	Pharmacist	7	73.00		
	administration/clerical	7	89.00		
	professions allied to medicine (therapists/radiographers/assistants)	4	69.00		
	Other	8	41.00		
Q2	Physician	19	54.29	23.537	0.00**
	Nurse	67	52.65		
	Pharmacist	7	69.29		
	administration/clerical	7	94.29		
	professions allied to medicine (therapists/radiographers/assistants)	4	74.00		
	Other	8	41.00		
Q3	Physician	19	63.08	30.321	0.00**
	Nurse	67	47.86		
	Pharmacist	7	71.50		
	administration/clerical	7	87.50		
	professions allied to medicine (therapists/radiographers/assistants)	4	39.50		
	Other	8	81.50		
Q4	Physician	19	60.55	24.765	0.00**
	Nurse	67	48.78		
	Pharmacist	7	78.93		
	administration/clerical	7	79.36		
	professions allied to medicine (therapists/radiographers/assistants)	4	39.50		
	Other	8	80.38		
Q5	Physician	19	65.63	16.703	0.005**
	Nurse	67	50.01		
	Pharmacist	7	77.00		
	administration/clerical	7	61.00		
	professions allied to medicine (therapists/radiographers/assistants)	4	73.00		
	Other	8	59.00		

** significant at ($\alpha = 0.05$).

Results refer to statistical differences at (α = 0.05) in Physical Workplace Violence degree on profession groups.

Are there statistical significant differences at (α = 0.05 Physical Workplace Violence degree due to experience? Kruskal-Wallis Test was used to get answers to this hypothesis.

Table (25) Kruskal-Wallis Test on experience

Question	Levels of Experience	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	under 1 year	9	41.00	13.830	0.017**
	1 – 5	36	67.44		
	6 – 10	24	57.33		
	11 – 15	22	51.18		
	16 – 20	8	55.00		
	over 20	13	45.31		
Q2	under 1 year	9	41.00	13.218	0.021**
	1 – 5	36	67.22		
	6 – 10	24	57.02		
	11 – 15	22	51.05		
	16 – 20	8	57.50		
	over 20	13	45.19		
Q3	under 1 year	9	39.50	10.027	0.074
	1 – 5	36	55.06		
	6 – 10	24	60.50		
	11 – 15	22	67.50		
	16 – 20	8	53.50		
	over 20	13	48.12		
Q4	under 1 year	9	39.50	11.200	0.048
	1 – 5	36	54.28		
	6 – 10	24	62.67		
	11 – 15	22	67.77		
	16 – 20	8	50.12		
	over 20	13	47.88		
Q5	under 1 year	9	45.00	4.340	0.502
	1 – 5	36	55.89		
	6 – 10	24	56.67		
	11 – 15	22	62.82		
	16 – 20	8	59.00		
	over 20	13	53.62		

** significant at (α = 0.05).

Results refer to statistical differences at (α = 0.05) in Physical Workplace Violence degree on experience as Q1 and Q2 show. While Qs 3, 4, 5 refer to zero statistical differences at (α = 0.05).

Variable 2: VERBAL ABUSE:

Are there statistical significant differences at (α = 0.05) in the degree of Verbal Abuse due to age? Kruskal-Wallis Test was used to get answers to this hypothesis.

Table (26) Kruskal-Wallis Test on age

Question	Levels of Age	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	19 or under	6	52.17	21.655	0.010**
	20 – 24	23	70.02		
	25 – 29	25	44.70		
	30 – 34	19	60.03		
	35 – 39	13	72.27		
	40 – 44	7	49.50		
	45 – 49	6	52.17		
	50 – 54	7	33.50		
	55 – 59	4	61.50		
	60 and above	2	33.50		
Q2	19 or under	6	46.50	23.151	0.006**
	20 – 24	23	70.24		
	25 – 29	25	45.10		
	30 – 34	19	56.97		
	35 – 39	13	77.27		
	40 – 44	7	50.07		
	45 – 49	6	52.83		
	50 – 54	7	33.50		
	55 – 59	4	62.50		
	60 and above	2	33.50		
Q3	19 or under	6	52.17	17.817	0.037**
	20 – 24	23	60.28		
	25 – 29	25	40.22		
	30 – 34	19	65.92		
	35 – 39	13	72.27		
	40 – 44	7	57.50		
	45 – 49	6	61.50		

Question	Levels of Age	N	Mean Rank	Kruskal-Wallis Test	Sig.
	50 – 54	7	49.50		
	55 – 59	4	61.50		
	60 and above	2	33.50		
Q4	19 or under	6	58.50	18.562	0.029**
	20 – 24	23	59.80		
	25 – 29	25	39.22		
	30 – 34	19	67.95		
	35 – 39	13	70.15		
	40 – 44	7	56.00		
	45 – 49	6	62.58		
	50 – 54	7	44.36		
	55 – 59	4	68.25		
	60 and above	2	33.50		
Q5	19 or under	6	64.17	8.978	0.439
	20 – 24	23	57.67		
	25 – 29	25	49.98		
	30 – 34	19	60.24		
	35 – 39	13	54.12		
	40 – 44	7	53.50		
	45 – 49	6	73.50		
	50 – 54	7	61.50		
	55 – 59	4	45.50		
	60 and above	2	45.50		

** significant at ($\alpha = 0.05$).

Results refer to statistical differences at ($\alpha = 0.05$) in Verbal Abuse degree on age as Qs 1, 2, 3, 4 show. While Q 5 refers to zero statistical differences at ($\alpha = 0.05$).

Are there statistical significant differences at ($\alpha = 0.05$) in the degree of Verbal Abuse due to gender? Mann-Whitney Test was used to get answers to this hypothesis.

Table no (27) Mann-Whitney Test on gender

Question	Levels of Gender	N	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig.
Q1	Female	62	54.27	3365.00	1412.0	0.343
	Male	50	59.26	2963.00		
Q2	Female	62	54.27	3365.00	1412.0	0.361
	Male	50	59.26	2963.00		

Question	Levels of Gender	N	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig.
Q3	Female	62	52.47	3253.00	1300.0	0.086
	Male	50	61.50	3075.00		
Q4	Female	62	52.31	3243.00	1290.0	0.087
	Male	50	61.70	3085.00		
Q5	Female	62	57.24	3549.00	1504.0	0.696
	Male	50	55.58	2779.00		

** significant at (α = 0.05).

Results refer to zero statistical differences at (α = 0.05) in Verbal Abuse degree on gender.

Are there statistical significant differences at (α = 0.05) in the degree of Verbal Abuse due to marital status? Kruskal-Wallis Test was used get answers to this hypothesis.

Table (28) Kruskal-Wallis Test on marital status

Question	Levels of Marital Status	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	Single	36	61.50	11.773	0.019**
	Married	56	48.50		
	separated /divorced	12	75.50		
	living with partner	4	61.50		
	widow/widower	4	61.50		
Q2	Single	36	61.69	11.233	0.024**
	Married	56	48.29		
	separated /divorced	12	75.25		
	living with partner	4	62.50		
	widow/widower	4	62.50		
Q3	Single	36	58.39	9.888	0.042**
	Married	56	52.50		
	separated /divorced	12	75.50		
	living with partner	4	33.50		
	widow/widower	4	61.50		
Q4	Single	36	57.64	9.363	0.053
	Married	56	52.54		
	separated /divorced	12	75.29		
	living with partner	4	33.50		
	widow/widower	4	68.25		
Q5	Single	36	57.94	3.613	0.461
	Married	56	55.50		

Question	Levels of Marital Status	N	Mean Rank	Kruskal-Wallis Test	Sig.
	separated /divorced	12	64.17		
	living with partner	4	45.50		
	widow/widower	4	45.50		

** significant at ($\alpha = 0.05$).

Results refer to statistical differences at ($\alpha = 0.05$) in Verbal Abuse degree on marital status as Qs 1, 2, 3 show. While Qs 4, 5 refer to zero statistical differences at ($\alpha = 0.05$).

Are there statistical significant differences at ($\alpha = 0.05$) in the degree of Verbal Abuse due to profession groups? Kruskal-Wallis Test was used get answers to this hypothesis.

Table (29) Kruskal-Wallis Test on profession groups

Question	Levels of Professional group	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	Physician	19	62.97	32.232	0.00**
	Nurse	67	46.04		
	Pharmacist	7	81.50		
	administration/clerical	7	89.50		
	professions allied to medicine (therapists/radiographers/assistants)	4	89.50		
	Other	8	61.50		
Q2	Physician	19	62.92	35.963	0.00**
	Nurse	67	45.60		
	Pharmacist	7	72.36		
	administration/clerical	7	101.21		
	professions allied to medicine (therapists/radiographers/assistants)	4	91.50		
	Other	8	62.00		
Q3	Physician	19	68.87	36.245	0.00**
	Nurse	67	44.37		
	Pharmacist	7	81.50		
	administration/clerical	7	89.50		
	professions allied to medicine (therapists/radiographers/assistants)	4	61.50		
	Other	8	75.50		
Q4	Physician	19	67.42	33.348	0.00**
	Nurse	67	44.35		
	Pharmacist	7	91.36		
	administration/clerical	7	79.14		

Question	Levels of Professional group	N	Mean Rank	Kruskal-Wallis Test	Sig.
	professions allied to medicine (therapists/radiographers/assistants)	4	68.25		
	Other	8	76.12		
Q5	Physician	19	60.24	2.783	0.733
	Nurse	67	54.69		
	Pharmacist	7	61.50		
	administration/clerical	7	61.50		
	professions allied to medicine (therapists/radiographers/assistants)	4	45.50		
	Other	8	59.50		

** significant at ($\alpha = 0.05$).

Results refer to statistical differences at ($\alpha = 0.05$) in Verbal Abuse degree on profession groups as Qs 1, 2, 3, 4 show. While Q 5 refers to zero statistical differences at ($\alpha = 0.05$).

Are there statistical significant differences at ($\alpha = 0.05$) in the degree of Verbal Abuse due to experience? Kruskal-Wallis Test was used get answers to this hypothesis.

Table (30) Kruskal-Wallis Test on experience

Question	Levels of Experience	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	under 1 year	9	52.17	5.879	0.318
	1 – 5	36	61.50		
	6 – 10	24	61.50		
	11 – 15	22	48.77		
	16 – 20	8	61.50		
	over 20	13	46.42		
Q2	under 1 year	9	48.61	4.374	0.497
	1 – 5	36	61.33		
	6 – 10	24	60.04		
	11 – 15	22	49.14		
	16 – 20	8	62.50		
	over 20	13	50.81		
Q3	under 1 year	9	52.17	2.357	0.798
	1 – 5	36	52.17		
	6 – 10	24	61.50		
	11 – 15	22	58.95		
	16 – 20	8	61.50		
	over 20	13	55.04		

Question	Levels of Experience	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q4	under 1 year	9	54.39	2.562	0.767
	1 – 5	36	52.17		
	6 – 10	24	61.90		
	11 – 15	22	58.23		
	16 – 20	8	64.00		
	over 20	13	52.46		
Q5	under 1 year	9	57.94	10.078	0.073
	1 – 5	36	53.28		
	6 – 10	24	66.50		
	11 – 15	22	50.59		
	16 – 20	8	45.50		
	over 20	13	62.73		

Results refer to zero statistical differences at ($\alpha = 0.05$) in Verbal Abuse degree on experience.

Variable 3: SEXUAL HARASSMENT:

Are there statistical significant differences at ($\alpha = 0.05$) in the degree of Sexual Harassment due to age? Kruskal-Wallis Test was used get answers to this hypothesis.

Table (31) Kruskal-Wallis Test on age

Question	Age	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	19 or under	6	50.00	8.576	0.477
	20 – 24	23	62.17		
	25 – 29	25	54.48		
	30 – 34	19	61.79		
	35 – 39	13	58.62		
	40 – 44	7	50.00		
	45 – 49	6	50.00		
	50 – 54	7	50.00		
	55 – 59	4	50.00		
	60 and above	2	50.00		
Q2	19 or under	6	50.00	8.161	0.518
	20 – 24	23	61.70		
	25 – 29	25	54.72		
	30 – 34	19	61.74		
	35 – 39	13	59.08		
	40 – 44	7	50.00		

Question	Age	N	Mean Rank	Kruskal-Wallis Test	Sig.
	45 – 49	6	50.00		
	50 – 54	7	50.00		
	55 – 59	4	50.00		
	60 and above	2	50.00		
Q3	19 or under	6	64.17	11.695	0.231
	20 – 24	23	60.11		
	25 – 29	25	49.98		
	30 – 34	19	63.18		
	35 – 39	13	62.73		
	40 – 44	7	45.50		
	45 – 49	6	64.17		
	50 – 54	7	45.50		
	55 – 59	4	45.50		
	60 and above	2	45.50		
Q4	19 or under	6	63.00	11.783	0.226
	20 – 24	23	60.63		
	25 – 29	25	49.70		
	30 – 34	19	63.08		
	35 – 39	13	63.58		
	40 – 44	7	45.50		
	45 – 49	6	63.00		
	50 – 54	7	45.50		
	55 – 59	4	45.50		
	60 and above	2	45.50		
Q5	19 or under	6	49.50	8.563	0.479
	20 – 24	23	61.67		
	25 – 29	25	53.98		
	30 – 34	19	58.34		
	35 – 39	13	58.12		
	40 – 44	7	49.50		
	45 – 49	6	68.17		
	50 – 54	7	49.50		
	55 – 59	4	49.50		
	60 and above	2	49.50		

Results refer to zero statistical differences at ($\alpha = 0.05$) in Sexual Harassment degree on age.

Are there statistical significant differences at ($\alpha = 0.05$) in the degree of Sexual Harassment due to gender? Mann-Whitney Test was used get answers to this hypothesis.

Table (32) Mann-Whitney Test on gender

Question	Levels of Gender	N	Mean Rank	Sum of Ranks	Mann-Whitney U	Sig.
Q1	Female	62	58.13	3604.00	1449.0	0.287
	Male	50	54.48	2724.00		
Q2	Female	62	58.15	3605.00	1448.0	0.283
	Male	50	54.46	2723.00		
Q3	Female	62	54.53	3381.00	1428.0	0.299
	Male	50	58.94	2947.00		
Q4	Female	62	54.68	3390.00	1437.0	0.339
	Male	50	58.76	2938.00		
Q5	Female	62	58.53	3629.00	1424.0	0.198
	Male	50	53.98	2699.00		

Results refer to zero statistical differences at ($\alpha = 0.05$) in Sexual Harassment degree on gender.

Are there statistical significant differences at ($\alpha = 0.05$) in the degree of Sexual Harassment due to marital status? Kruskal-Wallis Test was used get answers to this hypothesis.

Table (33) Kruskal-Wallis Test on marital status

Question	Levels of Marital Status	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	Single	36	57.78	7.772	0.100
	Married	56	54.00		
	separated /divorced	12	68.67		
	living with partner	4	50.00		
	widow/widower	4	50.00		
Q2	Single	36	57.83	6.587	0.159
	Married	56	54.21		
	separated /divorced	12	67.50		
	living with partner	4	50.00		
	widow/widower	4	50.00		
Q3	Single	36	57.94	13.180	0.010**
	Married	56	51.50		
	separated /divorced	12	73.50		
	living with partner	4	73.50		
	widow/widower	4	45.50		

Question	Levels of Marital Status	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q4	Single	36	58.25	12.568	0.0140**
	Married	56	51.46		
	separated /divorced	12	73.33		
	living with partner	4	71.75		
	widow/widower	4	45.50		
Q5	Single	36	54.17	17.637	0.001**
	Married	56	54.50		
	separated /divorced	12	77.50		
	living with partner	4	49.50		
	widow/widower	4	49.50		

** significant at ($\alpha = 0.05$).

Results refer to statistical differences at ($\alpha = 0.05$) in Sexual Harassment degree on marital status as Qs 3, 4, 5 show. While Qs 1, 2 refer to zero statistical differences at ($\alpha = 0.05$).

Are there statistical significant differences at ($\alpha = 0.05$) in the degree of Sexual Harassment due to profession group? Kruskal-Wallis Test was used get answers to this hypothesis.

Table (34) Kruskal-Wallis Test on profession group

Question	Levels of Professional group	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	Physician	19	50.00	33.187	0.00**
	Nurse	67	54.18		
	Pharmacist	7	82.00		
	administration/clerical	7	82.00		
	professions allied to medicine (therapists/radiographers/assistants)	4	50.00		
	Other	8	50.00		
Q2	Physician	19	50.00	32.721	0.00**
	Nurse	67	54.21		
	Pharmacist	7	81.86		
	administration/clerical	7	81.86		
	professions allied to medicine (therapists/radiographers/assistants)	4	50.00		
	Other	8	50.00		
Q3	Physician	19	63.18	39.184	0.00**
	Nurse	67	48.84		
	Pharmacist	7	93.50		
	administration/clerical	7	77.50		

Question	Levels of Professional group	N	Mean Rank	Kruskal-Wallis Test	Sig.
	professions allied to medicine (therapists/radiographers/assistants)	4	73.50		
	Other	8	45.50		
Q4	Physician	19	62.08	43.068	0.00**
	Nurse	67	48.63		
	Pharmacist	7	95.93		
	administration/clerical	7	81.07		
	professions allied to medicine (therapists/radiographers/assistants)	4	71.75		
	Other	8	45.50		
Q5	Physician	19	64.24	9.802	0.081
	Nurse	67	53.68		
	Pharmacist	7	65.50		
	administration/clerical	7	65.50		
	professions allied to medicine (therapists/radiographers/assistants)	4	49.50		
	Other	8	49.50		

** significant at ($\alpha = 0.05$).

Results refer to statistical differences at ($\alpha = 0.05$) in Sexual Harassment degree on profession group as Qs 1, 2, 3, 4 show. While Q 5 refers to zero statistical differences at ($\alpha = 0.05$).

Are there statistical significant differences at ($\alpha = 0.05$) in the degree of Sexual Harassment due to experience? Kruskal-Wallis Test was used get answers to this hypothesis.

Table (35) Kruskal-Wallis Test on experience

Question	Levels of Experience	N	Mean Rank	Kruskal-Wallis Test	Sig.
Q1	under 1 year	9	50.00	6.805	0.236
	1 – 5	36	56.22		
	6 – 10	24	61.67		
	11 – 15	22	60.18		
	16 – 20	8	50.00		
	over 20	13	50.00		
Q2	under 1 year	9	50.00	6.822	0.234
	1 – 5	36	56.19		
	6 – 10	24	61.75		
	11 – 15	22	60.14		
	16 – 20	8	50.00		

Question	Levels of Experience	N	Mean Rank	Kruskal-Wallis Test	Sig.
	over 20	13	50.00		
Q3	under 1 year	9	57.94	6.512	0.260
	1 – 5	36	57.94		
	6 – 10	24	59.50		
	11 – 15	22	60.77		
	16 – 20	8	45.50		
	over 20	13	45.50		
Q4	under 1 year	9	57.17	6.757	0.239
	1 – 5	36	57.56		
	6 – 10	24	59.42		
	11 – 15	22	61.82		
	16 – 20	8	45.50		
	over 20	13	45.50		
Q5	under 1 year	9	49.50	6.464	0.264
	1 – 5	36	57.28		
	6 – 10	24	61.17		
	11 – 15	22	59.68		
	16 – 20	8	49.50		
	over 20	13	49.50		

Results refer to zero statistical differences at ($\alpha = 0.05$) in Sexual Harassment degree on experience.

Discussion : For many years, health care workers have faced a significant amount of the risk of job-related violence. Assaults represent a serious safety and health hazard for this service industry and violence against its employees is on the increase . The present work revealed that a significant proportion of the sample indicated that they had been exposed to some kinds of violence at least once . The present work shows that medical staff who experienced verbal violence or witnessed incidents of assaults were at a significantly greater risk of assaults verbal abuse in which 41.1% - 41.1% . wherase sexual harassment is the lowest percentage for staff who experienced or witnessed incedents of assults at PSH in which 11.6 % - 19.6 . The incidents reported by staff members has a higher proportion in physical violence .Sexual harassment is the least persentage compared to other kinds of violence, 12.5% of the sample were the principal victims of sexual harassment, this percentage goes in the line with a study (Adil, Alshatti &others, 2002) its findings showed that 12% of the sample are nurses who are experiencing sexual harassment. The findings of the current study is consistent with the oriental culture which does not accept this kind of assault in islamic culture and considers it as traditionaly shamful behaviour and forbiden in the religon. The researcher found

that nurses and physicians are more exposed to verbal abuse than others kinds of violence, which is pretty common in many studies . This is also proved in many studies that 73% of nurses experiences verbal abuse (kwok, Law &others, 2006) . In addition, the phenomenon of not reporting violent incidents is common in health care settings ; the findings of the study shows that about 79.5% of the sample who are experienced and /or witnessed physical violence did not report it to their supervisor, also 80.4% of the sample who are experienced and /or witnessed verbal abuse did not report it to their supervisor, and about 87.5% of the sample who are experienced and /or witnessed sexual harassment did not report it to their supervisor .This behaviour might be a result of various reasons, include 1- the time and effort required to fill out incidents reports, 2- lack of expected positive outcomes from reporting 3- the view that violent behaviour to be expected (Arnetz 1998) 4- toleration of minor incidents (Hills 2003) 5- a fear of retaliation and investigation (Zernike and Sharpe 1998) 6-individual embarrassment (O`Connell, Young et al . 2000).

According to the demographic factors, the present work reveals that staff with certain characteristics such as young age, inexperience, female are more prone to violent attack .Despite the fact that half of the samples are married and 55% of them are female, the results shows that nurses who are between (25-29) years old and their years of experience are in between (1-5) years are more exposed to violence .Thus, our findings answer the second question and prove that there is a relationship between the prevalence of violence and some of the demographic factors .

Our study has several limitations. Firstly, since our investigation was limited to a single health care district, we cannot extend our findings to all Saudi health care services. Secondly, the survey was a retrospective one, with the usual limitations of inaccurate recall of past events and of possible contamination by current events. The present study had a high participation rate, thereby increasing our confidence in the results.

From this study, it is clear that violence against medical staff is a serious public health problem and an improvement in the security provided in hospitals may help to alleviate. It is also recommended that the community awareness of this problem be improved and some means found to change the attitude of patients and the community towards medical staff .

Conclusion: The main purpose of this study is to assess violent prevalence in Prince Salman Hospital and to determine if there is a relationship between that and demographic factors. The present work showed a noticeable trend of a rising number of violence against medical staff . The results of the current study present the prevalence of violence among the various types of professionals: physicians, nurses, pharmacists, administrators and others ; however it indicates that the all types of employees were found to be exposed to violence. At the same time, the rate of exposure to violence was highest among staff members who worked

directly with patients such as nurses and physicians . The most prevalent types of incidents reported by staff members is verbal abuse ; about 41.1% of the medical staff experienced and /or witnessed to verbal abused . Moreover, there were fewer reports of all the three kinds of violence (physical violence, verbal abused, sexual harassment) to prevent violent incidents and coping with violence. Furthermore, some demographic factors such as age, marital status, professional group, and years of experiences is related to prevalence of violence ; married middle aged nurses followed by physicians who are (25 years old up to 29 years old)and working at Prince Salman Hospital for one to five years are experience and /or witness more violence either physical, verbal or sexual harassment in their workplace.

Recommendations: Violence is a social problem that must be solved. New and hard legeslations should be taken in order to avoid the growing number of violent incidents. Hospitals should build reliable reporting procedures that must be fast and uncomplicated, and also provide a comprehensive program of support services for staff who have been assaulted. The study recommends a clear organizational policy towards workplace violence including necessary components to reduce violence rates in the health sector in general. Also the study recommends to increase community awareness regarding this problem.Violence in health care institutions is more than other public institutions, and it is scientifically proved. Therefore, penalties for these crimes in health care institutions need to be more deterrent. In view of limited studies and conflicting results, it is difficult to obtain a clear picture a bout staff personality and behavior, and further research is required .It is important for future research also to examine the connection between violence and medical quality measures, in order to assess the "effect of violence" in other areas not examined in this study.There is an urgent need for a research to examine the dimensions of violence against health care workers and to represent the country and cover all health care workers. Moreover, there is a need to repeat such research with certain intervals and to identify the trend in incidence of violence. However, after this research the reasons for the violence need to be identified, and the measures should be discussed with health care workers and professional organizations and should be put into practice.

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دراسة تقييمية للعنف الموجه للطاقم الطبي في مستشفى الأمير سلمان في مدينة الرياض: دراسة حالة

الملخص: تسعى هذه الدراسة إلى تقييم مدى انتشار أحداث العنف التي عاش تجربتها أو شهد حدوثها الطاقم الطبي في مستشفى الأمير سلمان بالرياض، كما تهدف إلى تحديد ما إذا كانت هناك علاقة بين انتشار العنف والعوامل الديموغرافية للمبحوثين، من أجل الوصول إلى توصيات وحلول للحد من أحداث العنف في مستشفى الأمير سلمان. وتعتبر هذه الدراسة من الدراسات الوصفية التحليلية، حيث تم الاعتماد على منهج المسح للحصول على البيانات الأساسية لهذه الدراسة، وقد تمثل مجتمع البحث في جميع أفراد الطاقم الطبي في مستشفى الأمير سلمان. وأظهرت نتائج البيانات الأولية للمبحوثين أن نسبة كبيرة من المبحوثين قد تعرضوا لبعض أنواع العنف مرة واحدة على الأقل، حيث تراوحت نسبة العنف الجسدي (إما تعرض أو شهد حالة عنف جسدي) ما بين 27.7% – 30.4%. بينما تراوحت نسبة الإساءة اللفظية (إما تعرض أو شهد حالة إساءة لفظية) ما بين 41.1% - 41.1%. أما نسبة التحرش الجنسي (إما تعرض أو شهد حالة تحرش جنسي) فقد تراوحت ما بين 11.6% - 19.6% وذلك من إجمالي الحالات المبلغ عنها. كما توصلت الدراسة إلى أن هناك علاقة بين العنف البدني والعمر بالإضافة إلى المجموعة المهنية، بينما لا توجد علاقة بين العنف البدني والجنس. أما فيما يتعلق بالعنف اللفظي، فقد توصلت الدراسة إلى وجود علاقة بين العنف اللفظي والعمر والحالة الاجتماعية والمجموعة المهنية. وفيما يختص بالتحرش الجنسي، فقد توصلت الدراسة إلى وجود علاقة بين التحرش الجنسي والحالة الاجتماعية وكذلك المجموعة المهنية، وخلصت الدراسة إلى نتيجة عامة مفادها؛ وجود ارتفاع ملحوظ في عدد حالات العنف تجاه الطاقم الطبي في مستشفى الأمير سلمان بالرياض . وفي الختام أوصت الدراسة بأن يكون هناك تدريب خاص للطاقم الطبي للتعامل مع العنف في مكان العمل خصوصا لطاقم التمريض والأطباء، كما أوصت الدراسة باستخدام سياسات وإجراءات محددة للإبلاغ عن حالات العنف، وتطويرها، وزيادة عدد ضباط الأمن المناوبين في المستشفيات، والعمل على زيادة وعي المجتمع بهذه المشكلة.

الكلمات المفتاحية: العنف، تقييم، العوامل الديموغرافية، الإساءة، انتشار، الطاقم الطبي.