

<i>University of Baghdad</i>				
College Name	<i>College of Medicine</i>			
Department	Community Medicine			
Full name as written in passport	Thulfeqar Sadiq Mahdi			
e-mail				
Career	Assistant Lecturer	Lecturer	Assistant Professor	Professor
	Master	PhD		Jard
Thesis Title	Workplace Violence against Physicians and Health Care Providers in Baquba Teaching Hospital in 2014			
Year	2014			
Abstract	<p>The study showed that 53.6% of the participants have experienced at least one type of workplace violence in the past 6 months. Despite some differences in the definition of violence, targeted professional groups, and methodology used, this rate was lower than most of other regional and international studies. (India 87.2%; Turkey 85.2%; Palestine 80.4%; Hong Kong 80%; Saudi Arabia 67.4%; Jordan 55.5% ; Switzerland 50.5%) [1, 41- 46] .</p> <p>In general, health workers in the Baquba Teaching Hospital had lower rate of exposure to both physical (13.6%) and verbal abuse (49.5%) than most of other country studies . For physical attack , Turkey 41.1% ; India 30.2% ; Iran 27.6%; Hong Kong 18%; Switzerland 16.9% ; Lebanon 6%). For verbal abuse , Iran 87.4% ; Turkey 79.6% ; Hong Kong 73% ; India 57%; Switzerland 45.9% ; Lebanon 41%). With recurrence rate of 42.4 % in physical violence and 48.5 % in verbal abuse. Thus verbal abuse occurs more often than physical violence [1, 41,43, 46 - 48] .</p> <p>In this study, physicians were more exposed to violence than nurses with fewer occurrences in allied health professions (AHP). This was incomparable to other studies in which nurses were more likely to be exposed to violence [44, 46, 49-51] .</p> <p>Culturally the image of a physician ability in the Iraqi society is overstated and unlimited, for this reason patients and relatives may hold higher expectations from physicians and dissatisfaction with health care can expose physicians to aggression more than other health care team members. Males in the current study had higher rates of violent events compared to females. This was comparable to other studies</p>			

which also reported that males were more likely to report both types of abuse physically and emotionally [42, 44, 46, 47,49, 50, 52, 53] .

The more age or the more experience strengthen the communication skill which in turn gave preventive role in violent accidents, but this study have shown that violence is equally distributed among the participants, regardless of age or experience compared to other studies where less experienced personnel were more likely to suffer an episode of violence [41, 42, 44,45 ,47, 54] .

The rate of experiencing abuse was higher among staff who worked in emergency departments .Factors such as patient pain and discomfort, family member stress due to the patient's condition and fear of the unknown fate might increase emotional tension among the patients and their relatives in emergency departments.

In addition, the frequency of abuse is greater towards doctors and nurses who perform the first treatment on patients than towards other staff who care for the same patients later on.

This study showed that most violence occurred during the 24hour shift. This result may be due to over contact in patients in this shift, and to the exhaustion caused by prolonged time of work in away affected the efficiency of communication skills, actually 24 hour shift affect the tolerance (physical) and resilience (psychological) of the staff .

The main source of physical violence was security forces (60.6%) and patient relatives (31.3%), and in verbal abuse the rate was patient relatives (65%) and security forces (18.1%) with little role of the patient in violence accidents.

Different results were found in many other studies in which the patients and their relatives were frequently the main source of violence whether physical or verbal [42 - 53 , °°] .

The security forces as a source of violence is one of the important finding in this study , The reason is that the security forces in Iraq were formed by wrong standards that made it unprofessional , undisciplined and Ignorant in human rights [56] . In addition, the absence of military hospitals for military patients increased the violence in the public hospitals by the security forces[57]. This may explain that one third of the cases of physical violence in this study were associated with weapon use and 20.2% of the cases ended with physical injury.

Violence reporting level was low in this study (31.3 % in physical violence and only 12.5% in verbal abuse), which is consistent with the high rates of underreporting identified in other studies [42 ,44 - 49, 51,52, °°] .

The respondents attributed their reluctance to report to the lack of clear procedures for reporting and management encouragement to report and the majority of staff accepted the presence of abuse as a feature of their occupation and

believed that reporting would be time-consuming and useless. Regarding threat, 24.8% of the respondents were experienced threatening behavior which was slightly higher in comparison to rates in other studies in Arab countries , Jordan 22.1% ; Palestine 19.6% ; Egypt 19% [42, 45 , 52].

The main threatened source was from patient relatives (53.9%) and from security forces (25.5%), the tribal threat was also present but in small rate 8.9%. However, exposure to threatened behavior in general was nearly equal among physician and nurses and less in AHP.

The staff who worked in 24 hour shift were more liable than others to threat and most threatened behavior occurred in special care units and emergency room with least in supportive service units. The large number of visitors and the lack of a mechanism to organize visits lead to increased contact with the patients' relatives who tried to show care to their patients and intervene in the treatment strategy which creates a tense environment with medical staff.

In spite of that notification rate of threatened behavior was 49.4%, but 80% of those who made notification were not satisfied with hospital measures. These percentages of lack conviction results explained the victims refrain from reporting to the administration. The widespread violence ,corruption and tribal justice are considered additional factors for underreporting .

Threat have been identified as leading cause to increased stress for victims, higher numbers of mistakes and contributing to a decreased sense of relaxation/well-being in the job setting and decreased efficiency of services provided to the patient [58] , as well as low morale and job satisfaction [59].

Impacts and reactions of staff about the phenomenon of violence had varied depending on the type of violence experienced whether physical or psychological . Distress was reported by the majority of staff following experience of verbal and physical abuse, but unfortunately about one-fifth of them think of leaving their job or migrate which represent the worse impact from the economic view [60].

In addition to distress which has a negative impact on the performance of the health worker , the desire to change the place of work or move to another hospital or even leave the job, may lead in the future to a shortage of specialized personnel[61].

Therefore, the decision-makers must seriously consider the problem of violence as the country already suffering from a lack of medical staff [57,62] .

Participants were asked an open ended question about the contributing factors to violence .The analysis of participants' answers, in regard the causes of violence, shows that most participants believe that the reasons go back to the wrong

way in the administration, and the absence of public awareness, which also explains the views of the participants in the prevention methods .

Therefore, the participants believe that the promotion of public awareness and correct the mistakes of the administration is the most important ways that provide a solution to the problem of violence .

Study limitations: This study is the first investigation of WPV against Health Care providers in the general hospital setting in Baquba and is one of the few studies relating individual and organizational factors to WPV.

That study was not specific with regard to the type of the violence or the target individuals because there was no previous studies about the workplace violence in medical field in Diyala . Another limitation was the desire to unshare the private information about the experience of violence which may had affected on the participants response in a negative way .