

# A Systematic Review of Patient and Family Violent Behaviour in Saudi Arabian Emergency Units

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## Abstract

**Background:** Nurses working in emergency departments in Saudi Arabian hospitals have been affected by violence at workplace instigated by patient or family. This gradually had significant impact on nurses' job satisfaction and security at work or affected their performance. Often this behaviour has been found to be precipitated by certain factors.

**Aim:** Aim of this review is to assess the different factors causing violent behaviours among patients and their families towards nurses in Emergency units and to suggest possible management strategies in reducing such behaviours as well as assess its implications for Saudi Arabian nurses.

**Methodology:** This review considers selected studies related to violent behaviour of patients and their family's in emergency units of Saudi Arabia. It examines evidence of such factors identified by different studies including overcrowding, waiting times, communication, and inability to meet patient's needs and staff shortages among others.

**Findings:** Findings from review indicate that strong policies are required to ensure patient overcrowding in Saudi Arabian emergency units. Most patients consider ED as their first point of call whether it is an emergency or not, thereby causing overcrowding and posing threat of staff shortage in such areas compared to primary healthcare centres and hospitals.

**Conclusions:** Further studies recommend understanding reporting system for patients' violent behaviour in Saudi Arabia, and effectiveness of policies and actions taken to address such behaviours, which could protect nurses at their workplace. The study is limited to studies of nurse's perception of violent behaviour, without considering patient's data and their perception on such behaviour.

**Keywords:** *Communication, Violent behaviour, Overcrowding, Waiting time, Staff shortage.*

## Introduction

Considering increasing risk to healthcare professionals, such as nurses and doctors among others, there seems to be increasing concern about violent behaviour of patients and their families in emergency units of hospitals<sup>1,2</sup>.

Patient and family related violence in hospitals is regarded as a serious problem affecting nurses' well-being and job satisfaction<sup>3,4,5</sup>. It is becoming an interesting research subject in Saudi Arabia where the cultural and ethical values may significantly differ from other locations<sup>6</sup>. There is an increasing effort by the Saudi Arabian government to provide a conducive working environment for healthcare professionals<sup>7</sup>, and continue motivation for Saudi nationals to join the nursing practice by introducing "Saudization". The threat of such violent behaviour could risk diminishing the morale of the practising nurses, as well as subjecting potential nurses to fear of such threat. Patient's violent

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behaviour is not only a threat in Saudi Arabia, but has been reported in other Gulf countries including Kuwait<sup>3,6,4</sup> and Jordan<sup>4</sup>.

The current review attempts to generate adequate evidence by investigating causes and suitable approaches to violent behaviour of patients in emergency units, and different approaches tackling such incidences. The review questions are carefully selected, to acquire necessary evidence of patient and family violent behaviour using framework of SPICE (Setting, Perspective, Intervention/Interest, Comparison, Evaluation) as stated by O'Brien et al. (2014), in order to identify the causes and solutions to patient and family violent behaviour in Saudi Arabian hospitals<sup>8</sup>.

### Objectives:

#### The following objectives were set to achieve:

- To establish relevant research evidence related to such violent behaviour by patients and family members in emergency departments in USA, UK, Australia, and Gulf countries.
- To evaluate benefits of managing patients and family violent behaviour in emergency units of Saudi Arabian hospitals.
- To extend application of management procedures for such violent behaviours into Saudi Arabian hospitals.

### Methodology

Systematic review was conducted using systematic search in databases including COCHRANE, OVID, and CINAHL. The search using COCHRANE found 323 articles for violent behaviour, 242 for aggressive behaviour and 1,599 for emergency units. Using CINAHL, violent behaviour search provided 849 articles, while combining violent behaviour and patient's family gave rise to 12 articles.

### Criteria for Inclusion and Exclusion<sup>8</sup>

#### Inclusion Criteria:

##### Articles published between 2001 and 2016:

- Causes of patient violent behaviour, people involved, gender and type of incidence of patient's violent behaviour, impact of patient behaviour and remedies to patients violent behaviour
- Peer Reviewed, Pilot studies

- Descriptive, statistical research
- Nurses working conditions and practice protocols
- Guide to prevention of violent behaviour highlighted
- Articles written and published in English language only.

#### Exclusion Criteria:

##### Articles published prior to 2001

- Causes and concern on violence
- Insignificant incidence studies
- Outcomes of patient violent behaviour not reported
- Individual impact/biased observations
- Other languages

#### Patient and Family Violent Behaviour in Emergency Units of Hospitals Systematic Review Matrix

Pich et al., Violent behaviour from young adults and parents of paediatric patients in emergency department<sup>2</sup>.

To describe experience of Australian ED Nurses who witnessed patient-related violence from young adults and their parents. Descriptive study using semi-structured interviews, Two main behaviours identified: "Performing" and attention seeking violent behaviours: verbal abuse and physical violence, Patient behaviour Family behaviour, Out of the 1150 distributed sample, 11 Registered Nurses volunteered, 44 years average and minimum of 15 years' experience.

Patients violence is associated with their family behaviour<sup>2</sup>.

El-Gilany, et al. Violence against primary health care workers in Al-Hassa, Saudi Arabia<sup>9</sup>. To highlight the extent and circumstances of workplace violence in PHC, Saudi Arabia, Descriptive quantitative study using questionnaire Causes of violent behaviour including overcrowding and reaction to injury have been reported. Extent and margin 1228 participants are staff of hospital with at least 1 year work experience<sup>9</sup>.

Pich, J et al. Patient-related violence at triage: A qualitative descriptive study<sup>10</sup>. To describe the related experience of triage nurses on violence related cases, using semi-structured interviews. Violence related cases were precipitated by either long waiting time, alcohol misuse, or substance misuse. Effective policies for managing violence related behaviours are not properly

enforced. 6 registered nurses were recruited in the study, 2 males and four females, with 4-21 years' experience.<sup>10</sup>

Esmailpor et. al, Workplace violence against Iranian nurses working in emergency departments<sup>4</sup>. To determine nature and frequency of verbal and physical violence in Iran. Using descriptive methodology questionnaire. Reported Verbal violence is more than physical violence. 186 Nurses with Bachelor's degree and 1 years' experience were sampled<sup>4</sup>.

Morken, et. al, Emergency primary care personnel's perception of professional-patient interaction in aggressive incidents<sup>11</sup>. To explore nurses professional interaction with patients during violent sessions. Using descriptive methodology, patients aggressive behaviour occurs where patient has been pushed to make such behaviour. Participants aged 25-69 years<sup>11</sup>.

Dilek, et. al, Development and psychometric evaluation of workplace psychologically violent behaviours instrument<sup>12</sup>. To develop instrument for measuring nurses' perception of violent behaviour, Descriptive methodology using questionnaire involving 476 hospital nurses<sup>12</sup>.

Pinar, et. al, Verbal and physical violence in emergency departments in Turkey<sup>5</sup>. To determine perceived causes of physical and verbal violence in emergency units. Quantitative survey reporting 91.4% cases of verbal violence while 74.9% cases of physical violence. 65% of nurses felt unsafe, involving 255 nurses<sup>5</sup>.

Adib, et al., Violence against nurses in healthcare facilities in Kuwait<sup>2</sup>. To determine prevalence and causes of violent behaviour against nurses in Kuwait. Quantitative study reported 48% verbal violence and 7% physical violence among 5,876 nurses, 85% females<sup>2</sup>.

Albashtawy, et. Al, Workplace violence against nurses in emergency departments in Jordan<sup>13</sup>. Frequency and nature of WPV against nurses in emergency units. Quantitative study, 19.7% of nurses faced physical violence, 91.6% experienced verbal violence. 196 nurses working in 11 Emergency Departments were sampled .89.1% female, with 63.2% having 1-5 years working experience were used<sup>13</sup>.

Algwaiz, et. al, Violence exposure among health care professionals in Saudi public hospitals<sup>6</sup>. To identify

causes, prevalence, types and sources of workplace violence in Saudi Arabian hospitals. Quantitative study reported 67.4% victims of violence within 12 months, staff shortage and inability to meet patients' demands were commonest causes. 898 nurses were involved in study<sup>6</sup>.

Mohamed, A. G, Work-related assaults on nursing staff in Riyadh, Saudi Arabia<sup>7</sup>. To identify extent of violence against nurses in Saudi Arabia. Quantitative study reported 93.2% of 434 participants experienced harsh Language<sup>7</sup>.

Krakowski, et. al, Gender differences in violent behaviours<sup>14</sup>. Violent behaviour of women psychiatric patients was more common than male, quantitative study reported gender differences play role in nature and causes of violence<sup>14</sup>.

Lau, et. Al, Violence in emergency department<sup>15</sup>. To identify cultural aspect of violence in emergency units. Mixed method study suggested effective communication is vital for avoiding violent behaviour<sup>15</sup>.

Kim et. al, Usefulness of Aggressive Behaviour Risk Assessment Tool for prospectively identifying violent patients in medical and surgical units<sup>16</sup>. To evaluate relevance of violent behaviour risk assessment tool, mixed method design found useful risk assessment approach for identifying and managing violent behaviours<sup>16</sup>.

Ferns, T, Violence in accident and emergency department<sup>17</sup>. Violence related studies in emergency units, weapons used are reported as tool for violence in North America compared to United Kingdom<sup>17</sup>.

Hodge, et. al, Violence and aggression in emergency department<sup>1</sup>. To identify precipitating factors of containing violence, review studies related to violence management. Environmental management, de-escalation of violence, pharmacological and physical restraints have been suggested<sup>1</sup>.

Jones, et. al, Violence: Part of Job for Australian Nurses?<sup>18</sup>. To understand whether violence is regarded as part of nursing practice using related studies about violence to emergency unit nurses. Understanding concept of violence is not well thought out in emergency units and nurses need to identify different types and incidences of violence<sup>18</sup>.

## Discussion

Considering study performed in Saudi Arabian hospitals by AlGwaiz and AlGhanim<sup>6</sup>, in which 383 nurses in hospitals in Saudi Arabia responded, has indicated that two major factors causing violent patient and family behaviour are “Excessive waiting times”(more than 51.6%) and “Staff shortage” (39.1%). Similar outcomes of long and excessive waiting times have been reported in other studies such as in Iranian EDs<sup>4</sup>. Other studies with similar outcomes include studies in primary healthcare centres (PHC) in Saudi Arabia<sup>9</sup>, United Kingdom<sup>5</sup> and Australia<sup>1,18,2,10</sup>.

Analysis of typical waiting times in EDs in Saudi Arabia conducted by Bukhari, et. al<sup>19</sup> indicated an average 3.02 hours waiting times among<sup>6</sup>, 604 patients surveyed, although this number varies depending on reason for hospital ED visit so time could be higher or lower. These results also indicated that 23% of patients in emergency departments wait for more than four hours for different reasons, including laboratory analysis and prolonged consultations. Prescribed waiting times in EDs in UK has been set to maximum of four hours<sup>10</sup> from arrival to admission, discharge or transfer<sup>19</sup>. In order to reduce threat of violent patient behaviour in Saudi Arabian emergency units (EUs), a realistic time scale should therefore be set as a target to ensure all patients arriving at such departments are handled and discharged or transferred for further analysis.

Emerging evidence of waiting times in Saudi Arabian EUs has been linked to overcrowding<sup>20</sup>. In an attempt to match the growing population which has almost doubled from 16.05 million in 1990 to 28.5 million in 2010<sup>21</sup>, several healthcare projects have increased facilities at all three levels-primary, secondary and tertiary. Majority of patients consider avoiding PHC centres and report directly to ED believing that high level of care and attention is usually given to emergency cases.

Violence has been precipitated by many factors, including insufficient staff to provide the required care to patients<sup>6,7,4,1,10,5</sup>.

This factor is often closely related to unmet needs factor as well, which is shown in previous studies<sup>6,9,11</sup> where patients become violent due to perception that his/her demands were not met due to lack of adequate nurses available to cater for their needs, third factor of violence has been considered communication pattern between nurses and patients or family members<sup>3,13,12,9,1,18</sup>.

This particular trend of communication difficulties occurs in Saudi Arabia due to annual Muslims’ pilgrimage, largest religious congregation in world<sup>22,23</sup>. Incidences during such period enable majority of non-Arabic speakers to attend hospitals with different level of injuries.

The manner in which patients are acknowledged and interacted with, often determines level of violence or satisfaction<sup>15,11</sup>. Reducing violence is also linked to thanking of patients each time they provide any information or response to nurse<sup>15</sup>.

One of the widely reported implications of overcrowding, which has been linked to violent behaviour among patients in EDs in Saudi Arabia, is job dissatisfaction of nurses<sup>3,9,4,5</sup>.

Trend of violent behaviour in Saudi Arabian EUs has been linked to feelings of insecurity at work for many nurses<sup>5, 6</sup>. In order to increase security of nurses in their workplace, improvements to existing reporting process and various penalties for such violent attacks are required in Saudi Arabia.

**This review study is limited to certain restrictions as follows:**

- Only studies used provided evidence based on nurses as participants, and did not include patients’ related studies in understanding the causes and nature of violent behaviours.
- The review is restricted to nurses only implications to nurses were considered as part of this review.

## Conclusions

**Violent behaviours in Saudi Arabia, can be managed by:**

- Reducing waiting times to a maximum of three hours in all cases.
- Developing an effective communication between nurses and patients.
- Responding to patient’s demand and taking appropriate actions.
- Ensuring adequate staff is available to handle patient population.

**Ethical Clearance:** Not Required

**Source of Funding:** Self

**Conflict of Interest:** Nil**References**

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