

Violence against Physicians at Aljalaa Hospital in Benghazi City

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Abstract

Workplace violence is a major occupational issue concerning doctors that has a significant impact on their physical and psychological well-being. This ultimately affects the healthcare services of the country. To identify the extent of violence against doctors at Al-Jalaa Hospital in the city of Benghazi. Duration of the study the study began in February 2023 to July 2023, and the period of data collection was from March 2023 to June 2023. The study population was all doctors in Al-Jalaa Hospital in Benghazi. Among the most important results, violence against doctors was present to a high degree, except for elements related to doctors' beliefs about violence and legal procedures. Some of the elements were available at a high degree, while others were at a moderate degree.

Keywords. Violence, Doctors, Aljalaa Hospital, Benghazi.

Introduction

Physicians and other healthcare professionals are particularly vulnerable to verbal and physical abuse from patients or their families. Verbal abuse by patients is more common in Asian nations, particularly in emergency rooms, psychiatric hospitals, and intensive care units. Junior physicians and residents are primarily responsible for these incidents. Patients' and their attendants' discontent and lack of self-control, poor management, miscommunication, infrastructure problems, particularly disparities in services between private and public hospitals, and unfavorable media representations of physicians are some common precursors of violence against doctors [1]. Studies on violence against doctors at work are scarce [2]. In several nations, healthcare is the most hazardous profession due to workplace violence [3]. Globally, numerous studies have been carried out to evaluate WPV against healthcare professionals. According to some recent meta-analyses, the prevalence of WPV is between 61.9% and 69% [4].

According to a Birmingham violence survey, almost 63% of doctors reported experiencing violence in the previous year, and nearly 5% reported suffering a serious injury. According to a different survey, patients and occasionally their family members were responsible for 60% of the violence that doctors encountered [5].

According to a study conducted in Pakistan by Ali et al., physicians were more vulnerable to violence. Almost 77% of physicians experienced violence, such as verbal or physical [6]. According to research conducted internationally, there is an increase in violence against doctors because of inadequate infrastructure, excessive wait times, poor communication between doctors and patients, and a lack of access to appropriate medical care [7]. The health sector in Libya faces several challenges, and among these challenges is the spread of assault behaviour against doctors in hospitals, health centres, clinics, and other centres providing medical and treatment services. This behaviour has several negative side effects on the psychological, mental, physical, and even social health of workers in the health sector.

Libya is considered like other societies, which are witnessing a remarkable increase in the rate of prevalence of the phenomenon of violence and abnormal behavioural patterns, as a result of the social, economic, political and cultural developments and changes taking place in the region and the mixing of cultures resulting from means of communication, technology, globalization and openness to the world. This study aimed to comprehensively evaluate the prevalence, nature, and associated risk factors of workplace violence (WPV) against physicians in Al-Jalaa Hospital in the city of Benghazi.

Materials and Methods

Study site

This study was conducted at Al-Jalaa Hospital in Benghazi City, Libya.

Study design

The study design involves descriptive research based on a quantitative and cross-sectional approach.

Data collection

An English self-administered questionnaire was given to all participants. It was used previously in a study and proved to be valid and reliable [8]. A questionnaire was designed as a structured questionnaire. It was divided into three different parts. The first part included the descriptive characteristics of the participants including (Age, Gender, Qualification, years of experience, - specialization) second part involving causes of violence consisting of 20 Questions, Third part consisting of 11 Questions discussing (forms of abuse) both second and third part ends with options of strongly agree and agree, neutral, strongly disagree and disagree, completed questionnaires are reviewed for quality and completeness to ensure good quality data is generated, entered and analysed.

Target population

The research population consists of 300 doctors who work in Al-Jalaa Hospital in Benghazi. A total of 169 doctors were purposively selected for this study.

Statistical analysis

The Statistical Package for the Social Sciences (SPSS 26) program was used to analyse the data collected from the study sample, where a form was used to analyse the answers to the items of the questionnaire to determine the level of approval based on the five-point Likert scale, where each answer is given a score as follows:

Gradation: Strongly disagree with a score (1), disagree with a score (2), neutral with a score (3), agree with a score (4), strongly agree with a score (5).

To achieve the objectives of the study and analyse the collected data, many appropriate statistical methods were used, Cronbach's alpha coefficient was used to find the value of the stability of the study tool, and the arithmetic mean, standard deviation, and relative weight were used to determine the level of violence against the doctors of Al-Jalaa Hospital in Benghazi, as well as the use of (T. test) for independent samples to identify differences in violence against doctors at Al-Jalaa Hospital in Benghazi city according to the gender variable and the educational qualification variable, and analysis of variance (One Way ANOVA) to determine differences in violence against doctors at Al-Jalaa Hospital in Benghazi city according to the variables of age, years of experience, and specialization.

Ethical consideration

Consent was obtained from each respondent after explaining to them the purpose of the study and their freedom to choose to participate in the study. The confidentiality of the information is ensured by excluding any names, addresses, or other personal data from the participants.

Limitation

Limitations of the study include potential issues with generalizability due to the convenience sampling method, time and financial constraints affecting sample representativeness, and possible information bias as doctors may respond in a socially acceptable manner rather than truthfully.

Results

Table 1. Dimensions of the causes of violence

Questionnaire items	Mean	Standard deviation	The relative weight
The prevalence of favouritism in the hospital	3.74	1.00	74.8%
Tribal nervousness and the control of clan culture	3.50	1.18	70.0%
Haste and lack of dialogue language	3.71	1.13	74.2%
Intolerance of opinion and non-acceptance of the other opinion	3.67	1.09	73.4%
Failure to apply regulations and instructions fairly in the hospital	3.72	1.12	74.4%
Feeling that violence is a means to achieve goals	3.62	0.97	72.4%
The weakness of the role of control and security in the hospital	3.61	1.18	72.2%
Negligence in applying penalties to those who cause violence in the hospital	3.79	1.12	75.8%
The lack of attention from a doctor in the hospital to the patient	3.00	1.34	60.0%
Delaying investigations into events and cases of violence in the hospital	3.47	1.27	69.4%
The general level of the dimension of the causes of violence	3.58	0.36	71.6%

In the analysis of the causes of violence in hospitals, most items reported high levels, except for "the doctor's lack of interest in the patient," which had an average score of 3.00. The highest-ranked item was "The Negligence in Applying Penalties to Those Who Caused Violence," scoring 3.79. Overall, the dimension's average was 3.58, indicating a significant concern, corroborated by similar findings in a study in Jordan [9]

Table 2. Dimension of forms of assault

Questionnaire items	Mean	Standard deviation	The relative weight
Severe beatings against doctors	3.59	1.03	71.8%
Brandishing weapons (white and firearms) at the doctors' destination	3.71	0.94	74.2%
Raising the voice and shouting at the doctor's destination	3.95	0.99	79.0%
Violent insult and contempt against doctors	3.96	0.99	79.2%
Assaulting the doctors' private property, "such as the car and the telephone	3.13	1.10	62.6%
Assaulting doctors' public property inside the hospital, such as glass windows and			

medical equipment	3.57	1.21	71.4%
Entering the doctor's room forcibly and terrifyingly	3.72	1.16	74.4%
Threatening doctors with death because of tribal nervousness	3.76	1.04	75.2%
Threatening doctors with imprisonment to file cases against them for medical errors	3.84	0.94	76.8%
Attempting to take revenge on the doctors by disturbing them in their places of residence	3.33	1.19	66.6%
Being threatened by people under the influence of alcohol	3.85	1.05	77.0%
The general level of the dimension of the forms of abuse	3.67	0.37	73.4%

The data from (Table 2) indicate high levels of various forms of assault against doctors, except for one item related to assaulting personal property, which was ranked lowest with an average of 3.13. The highest reported form was "indecent insults and insults against doctors," scoring an average of 3.96. Overall, the dimension of forms of assault had a high average score of 3.67, indicating a significant prevalence of abuse, comparable to previous findings from a study in Jordan [9].

Table 3. Dimension of physicians' beliefs about violence and legal process

Questionnaire items	Mean	Standard deviation	The relative weight
Doctors who take legal action against the patient/relative of the patient are at risk of losing their jobs	3.23	0.24	64.6%
Work style and physical environment will grant abuse by patients /customers	3.34	1.20	66.8%
Doctors have the right to take legal action against patients/relatives who physically assaulted them	3.39	0.95	67.8%
Clinicians should be educated about abuse prevention or consider it as part of their education during maintenance	3.88	1.02	77.6%
Patients/relatives are responsible for all their behavior. Although patients tend to show aggressive behavior, they must be admitted to the hospital	3.24	0.98	64.8%
It is unacceptable for doctors to respond similarly to physical abuse by a patient/relative	3.65	1.14	73.0%
Physicians who have been assaulted or have minor injuries should not report the assault	3.13	1.37	62.6%
Exposure to field assault by the patient/relatives affects doctors psychologically	3.97	0.95	79.4%
Doctors who have been physically assaulted by the patient/relatives cannot	3.79	0.83	75.8%
If I were subjected to physical abuse by the patient/peer, I will take legal action	3.93	0.86	78.6%
Prediction of patient/relative abuse falls within the competence of physicians' ability psychologically	3.18	1.13	63.6%
The general level of dimension of clinicians' beliefs about violence and legal process	3.52	0.40	70.4%

The analysis of doctors' beliefs about violence and legal procedures at Al-Jalaa Hospital in Benghazi shows a generally high level of concern, with an average score of 3.52 (SD = 0.40, relative weight 70.4%). The item regarding psychological effects of patient assaults ranked highest (mean = 3.97, SD = 0.95, relative weight 79.4%), while the belief that assaulted doctors should not report incidents ranked lowest (mean = 3.13, SD = 1.37, relative weight 62.6%). This indicates a significant awareness among doctors regarding violence and legal issues, aligning with findings from previous research in Jordan.

Table 4. The degree of violence against doctors according to the gender variable.

Statement	Gender	Number	Mean	Standard deviation	Degrees of freedom	Value (t)	Statistical significance
Violence against the doctors of Al-Jalaa Hospital and the gender variable	Male	77	3.36	0.53	167	0.99	0.319
	Female	92	3.56	0.46			

Table 5. The degree of violence against doctors according to the age variable

Statement	age	Number	mean	standard deviation	Kdf between	Ndf within	Value (f)	Statistical significance
Violence against the doctors of Al-Jalaa Hospital and the age variable	25-34 years	53	3.57	0.520	3	165	1.624	0.186
	35-44 years	93	3.58	0.47				
	45-54 years	21	3.64	0.05				
	More than 55 years old	2	4.34	0.00				

Table 6. The degree of violence against doctors according to the educational qualification variable²

Statements	EQ	Number	Mean	Standard deviation	Degrees of freedom	Value (t)	Statistical significance
Violence against doctors in Al-Galaa Hospital and the educational qualification variable	Bachelor's	147	3.59	0.50	167	-0.379	0.705
	Postgraduate	22	3.63	0.45			

Table 7. The degree of violence against doctors in Al-Jalaa Hospital in Benghazi, according to the variable of experience

Statement	Experience	Number	Mean	standard deviation	Kdf between	Ndf within	Value (f)	Statistical significance
Violence against doctors in Al-Jalaa Hospital in Benghazi, according to the variable of experience	Less than 5 years	40	3.56	0.51	3	165	0.480	0.697
	5-10 year	83	3.59	0.50				
	11-15 years	39	3.59	0.45				
	More than 15 years old	7	3.81	0.68				

Table 8. The degree of violence against doctors in Al-Jalaa Hospital in Benghazi, according to the scientific specialization variable.

Statement	scientific specialization	Number	Mean	standard deviation	degrees of freedom	Value (f)	Statistical significance
Violence against doctors in Al-Jalaa Hospital and the variable specialization	General Surgery	39	3.67	0.64	168	2.153	0.006
	General Doctor	30	3.63	0.47			
	orthopaedic surgery	18	3.58	0.56			
	Internal medicine	17	3.79	0.35			
	Infection control physician	15	3.54	0.48			
	ICU	11	3.53	0.55			
	Anesthetization	9	3.13	0.39			
	Obstetrics and Gynaecology	7	2.97	0.46			
	Emergency	7	3.80	0.49			
	Orthopaedic doctor	5	3.13	0.43			
	plastic surgery	5	3.54	0.33			
	skin burns	3	3.65	0.32			
	Endoscopic Surgery	3					

Discussion

The discussion presents findings on violence levels at Al-Jalaa Hospital in Benghazi. The general causes of violence were rated high, with an arithmetic mean of 3.58. The lowest cause involved doctors' perceived lack of interest, averaging 3.00. Forms of assault were also high overall, with a mean of 3.67, while the least severe was assaults on personal property, at 3.13. Doctors' beliefs regarding violence were between medium and high, averaging 3.52, with the greatest concern being psychological effects from physical assaults. The analysis indicated no significant differences in violence perceptions based on sex, age, education, or experience, but noted significant differences according to specialization.

Conclusions

Through statistical analysis, the study concluded that violence against doctors at Al-Jalaa Hospital in Benghazi is prevalent, particularly in forms of assault (average 3.67), followed by causes of violence (average 3.58), and beliefs regarding violence and legal procedures (average 3.52).

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