

Letter to the Editor by Asmaa Alyaemni to “Health Care: Current Reviews”

Alyaemni A*

Departments of Three Hospitals in Riyadh, Saudi Arabia

The Hospital Role for Controlling WPV

Most healthcare providers perceive violence as just part of the job in the workplace; this perception leads to the lack of reporting of WPV incidents [1-8]. The study indicates a need to regain a more positive work culture via the establishment of workplace violence management teams as well as formulation of the necessary workplace safety regulations with effective participation of different nursing disciplines. A National Handbook on Workplace Violence Prevention and Response should be designed by different representatives in the field of healthcare, most especially clinical staff, who are involved in direct patient care delivery. It must be made available to all healthcare employees to ensure their awareness of its procedures and instructions [2,3].

Furthermore, this handbook has to be supplemented with hospital-specific information that deals with situations and circumstances that are unique to each hospital's environment. Hospital administrators need to develop a policy that will not tolerate workplace violence and that all incident reports will be dealt with seriously. Appropriating funds for a mandatory WPV training session for all employees is also encouraged. Building a work habit of providing regular briefings on workplace violence at staff meetings and performing debriefing strategies should be a fundamental component of workplace violence policies to prevent the development of long-term consequence [2,6,9,10].

Policy Impact

This study, as well as previous local studies [4,5] identified the high rate of WPV against nurses in the country (mainly concentrated on verbal abuse) and showed that the patient and relatives of the patient are the major perpetrators of violence with the triage area and the emergency room as the places where most incidents took place [11]. Although, the studies show low physical violence rate there were recent reports of gun violence in Riyadh between the patient's family members and the attending physician that were in my opinion related to a lack of policy directives on how medical decisions are made when a patient is unable to make decisions themselves [4,5-12].

Our study emphasizes the importance of receiving sufficient training in reporting and handling workplace violence. Considering that the majority of the nursing staff are foreigners, the language barrier, and cultural differences create an atmosphere of anger and lack of trust in both the patient and healthcare provider [4,5] Improving the communication skills of expatriate staff requires annual training in dealing with workplace threats and emergencies. I believe that education about violence prevention must be included in the nursing education curriculum as well as in Continuing Medical Education programs. Several studies have found that knowledge of workplace violence and how to report it increased the reporting of WPV incidents [7-13].

Impact on Research and Evidence-Based Practice

Additional research is needed on all types of workplace violence, including research into addressing the needs of specialized settings. Its findings should be transformed into developing policies for workplace violence prevention and education programs [9,13]. In the Saudi healthcare system, there is a growing motivation to effectively implement evidence-based practices in healthcare settings to improve

public health [14-16]. The Ministry of Health should offer a framework for developing comprehensive workplace violence prevention programs that built on the existing scientific evidence, regulatory guidance, and locally generated practice evidence. Future research should take advantage of qualitative methodology to characterize perceptions and opinions of local and expatriate nurses regarding the barriers to effective implementation of WPV prevention programs in hospitals.

References

1. Alyaemni A, Alhudaithi H (2003) Workplace violence against nurses in the emergency departments of three hospitals in Riyadh, Saudi Arabia: A cross-sectional survey. *Nursing Plus Open* 2: 35-41.
2. Aarons GA, Ehrhart MG, Farahnak LR, Sklar M (2014) The role of leadership in creating a strategic climate for evidence-based implementation and sustainment in systems and organizations. *Frontiers in Public Health Services and Systems Research*.
3. The United States Department of Agriculture. The USDA handbook on workplace violence workplace violence.
4. Algwaiz WM, Alghanim SA (2012) Violence exposure among healthcare professionals in Saudi public hospitals: A preliminary investigation. *Saudi Med J* 33: 76-82.
5. Alkorashy HA, Al Moalad FB (2016) Workplace violence against nursing staff in a Saudi university hospital. *Int Nurs Rev* 63: 226-232.
6. Blando J, Ridenour M, Hartley D, Casteel C (2015) Barriers to effective implementation of programs for the prevention of workplace violence in hospitals. *Online J Issues Nurs* 20: 1.
7. Gillespie GL, Gates DM, Berry P (2013) Stressful incidents of physical violence against emergency nurses. *Online J Issues Nurs* 18: 2.
8. MacKinnon PS (2009) Emergency department nurses experiences of violent acts in the workplace. University of Massachusetts Medical School. Graduate School of Nursing Dissertations.
9. McPhaul KM, London M, Lipscomb JA (2013) A framework for translating workplace violence intervention research into evidence-based programs. *Online J Issues Nurs* 18: 4.
10. Vogelpohl DA, Rice SK, Edwards ME, Bork CE (2003) New graduate nurses' perception of the workplace: Have they experienced bullying? *J Prof Nurs* 29:414-22.
11. Al-Zayed AH, Jammah AA, Al-Nozha M (2003) Case reports: Physical assault on a medical resident.
12. <http://arabic.cnn.com/middleeast/2016/05/26/saudi-shooting-doctor>
13. Alexy EM, Hutchin JA (2016) Workplace violence: A primer for critical care nurses. *Critical Nursing Clinics of North America*.
14. Al-Ahmadi H, Roland M (2005) Quality of primary health care in Saudi Arabia: A comprehensive review. *Int J Qual Health Care* 17: 331-146.

*Corresponding author: Asmaa Alyaemni, Departments of Three Hospitals in Riyadh, Saudi Arabia, E-mail: aalyaemni@KSU.EDU.SA

Received November 04, 2016; Accepted December 07, 2016; Published December 14, 2016

Citation: Alyaemni A (2016) Letter to the Editor by Asmaa Alyaemni to “Health Care: Current Reviews”. *Health Care Current Reviews* 4: 179. doi: [10.4172/2375-4273.1000179](https://doi.org/10.4172/2375-4273.1000179)

Copyright: © 2016 Alyaemni A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

-
15. Heiwe S, Kajermo KN, Tyni-Lenné R, Guidetti S, Samuelsson M, et al. (2011) Evidence-based practice: attitudes, knowledge and behavior among allied health care professionals. *Int J Qual Health Care* 23: 198-209.
16. Al-Omari FK, Al-Asmary SM (2006) Attitude, awareness and practice of evidence-based medicine among consultant physicians in the Western region of Saudi Arabia. *Saudi Med J* 27: 1887-1893.