

The Prevalence of Violence against Medical Staff at a Number of Public Hospitals in Jordan from Patients' Perspective

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Abstract

Objectives: This study aims to identify the causes of the spread of violence against medical staff at a number of public hospitals in Jordan from the patients' perspective.

Methods: The study followed a descriptive analytical method. The sample consisted of (136) patients selected randomly from some of the public hospitals: Al Bashir Hospital, Jerash Public Hospital, and Salt Public Hospital.

Results: The results of the study showed that the main reasons for the spread of the phenomenon of violence against medical staff at public hospitals by patients are the failure to apply strict penalties to the perpetrators of violence inside the hospital; the failure of the patients to understand the priorities of receiving treatment (emergency/ non-emergency); failure to adhere to the instructions that prevent the presence of large numbers of those accompanying the patient, the lack of medical personnel that meet the needs of all patients, and the inequality in the treatment of patients by medical personnel. The study also found that the most common forms of violence against medical personnel at public hospitals among patients are verbal and physical violence. It proved that there is no statistically significant relationship between the causes and forms of violence practiced by the patients and the variables of gender and educational qualification.

Conclusions: The study recommends the necessity of setting stricter laws for those who practice violence and activating the role of hospital security to take security measures against the aggressors..

Keywords: Violence, hospitals, medical staff, patients, public hospitals, Jordan.

انتشار ظاهرة العنف ضد الكوادر الطبية في عدد من المستشفيات الحكومية في الأردن من وجهة نظر المراجعين أنفسهم

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ملخص

الأهداف: هدفت هذه الدراسة إلى تعرّف أسباب انتشار ظاهرة العنف ضد الكوادر الطبية في عدد من المستشفيات الحكومية في الأردن من وجهة نظر المراجعين أنفسهم.

المنهجية: لتحقيق أهداف الدراسة جرى بناء مقياس للعنف ضد الكوادر الطبية واتبعت الدراسة المنهج الوصفي التحليلي، وتكونت عينة الدراسة من (136) مراجع ومراجعة من مراجعين المستشفيات الحكومية اختيرت بالطريقة العشوائية.

النتائج: أظهرت نتائج الدراسة أن أبرز أسباب انتشار ظاهرة العنف ضد الكوادر الطبية في المستشفيات الحكومية بين المراجعين هي عدم تطبيق عقوبات صارمة على المتسببين بالعنف داخل المستشفى، وعدم إدراك المراجع لأولويات تلقي العلاج (حالة طارئة/ غير طارئة)، وعدم الالتزام بالتعليمات التي تمنع وجود أعداد كبيرة من المرافقين مع المريض، ونقص الكوادر الطبية التي تلبي حاجة جميع المراجعين وعدم المساواة في التعامل مع المراجعين من قبل الكوادر الطبية. كما وتوصلت نتائج الدراسة إلى أن أبرز أشكال العنف المنتشرة ضد الكوادر الطبية في المستشفيات الحكومية بين المراجعين هي العنف اللفظي والجسدي وأثبتت أنه لا توجد علاقة ذات دلالة إحصائية بين أسباب وأشكال العنف الذي يمارس من قبل المراجعين وبين كل من متغيري الجنس والمؤهل العلمي

التوصيات: توصي الدراسة بضرورة وضع قوانين أشد صرامة لممارسي العنف وتفعيل دور أمن المستشفيات لاتخاذ الإجراءات الأمنية بحق المعتدين.

الكلمات الدالة: العنف، مستشفيات، طواقم طبية، مرضى، مستشفيات حكومية، الأردن.



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Introduction

The phenomenon of communal violence considered as behavioral phenomenon where the psychological factor plays a big role. This phenomenon has spread widely due to changes and developments, which appear in our societies such as economic, political, and social developments, global challenges in the light of globalization, and a sense of lack of self-confidence. The violence phenomenon is considered as a global phenomenon not limited to a state or a particular community, but the Jordanian society has witnessed recently new forms of violence, which is strange to our society. This needs concerning dealing with this phenomenon and trying to address it and cooperation between all governmental and private institutions to reduce and cancel it from our community (studies, research and development department, 2011).

Anyone who interests in the unrest and the absence of economic and political stability in which society is going through all segments noticed spreading many problems such as poverty and unemployment, which leads to frustration, anger, violence and impatience and therefore high crime and violence rates (Khawaja&Irfan, 2011).

With the growing of violence phenomena, the phenomenon of attacks on medical personnel and replication still the most occurred because of its sensitivity and importance, and violence against medical staff is type of violence spread increasingly in the Jordanian society, and it is noted that all cases locate within sections of ambulance and emergency. The researchers believe that violence against medical staff, as a concept, does not differentiate from societal violence except changing of who do violence or receives it. Therefore, it can be defined as a set of psychological behaviors or physical conducted by an individual or group of individuals against the doctor or doctors group, and includes physical abuse, or psychological, or tampering with property of others, or the destruction of hospital property.

Moreover, violence against medical staff is a global phenomenon, which takes several forms including verbal, physical, vertical, or horizontal. Moreover, it has many consequences for the humans working in the health sector, such as lack of productivity and quality and results of patient care and this may lead to mental and physical fatigue and a desire to resign by the medical staff (Alameddine et al., 2015).

Problem Statement:

Assault incidents against the medical personnel are repeated and it became an unacceptable community phenomenon. This leads to the need to provide protection for medical staff, and it is not possible resolving this issue using one procedure, but by putting new legislation about the attack on the medical staff. In addition, to finding a new system within the government hospitals include a way to enter the patients and their companions to the hospital in order to prevent them from direct contact with medical personnel and force them to stay in the waiting rooms. Recently, assault incidents against medical personnel are increased significantly in governmental and private hospitals, which makes these behaviors as societal violence phenomenon and worry the medical institutions. Also, this leads the medical personnel to request from whom concern (such as ministry of health) to activate the laws and procedures to protect all medical personnel at the time they are working and doing their duty.

The problem of this study comes from field observation on total attacks against a group of medical professionals within some governmental hospitals such as Al Bashir Hospital, Jerash Governmental Hospital, and Salt Governmental Hospital, where this phenomenon is increased, which needs search for fear of aggravation.

This study will try to answer the main question as following, "What are the reasons for the spread of the phenomenon of violence against medical staff at government hospitals in Jordan from the perspective of the patients?"

The sub-questions:

-What are the reasons of the spread of the violence phenomenon against medical staff between auditors and their companions in government hospitals?

-What are the most prevalent forms of violence against medical staff in government hospitals?

-Is there any statistical relationship at the significance level (0.05) between the causes and forms of violence against medical staff and between the several genders and qualification of patient?

Study Importance

This study is important because it is one of the first Arabic studies that talk about violence against medical personnel

from the perspective of the patient – according to the researcher knowledge- through their literatures of the study subject. Furthermore, the results that can be obtained will open wide doors to the new researchers in order to work on research in other related violence against medical staff variables.

The practical significance of the current study relates to its results that will be reached later, which could take attention of those who in the Jordanian Ministry of Health and sociologists toward understanding the phenomenon of violence against medical staff. And the associated factors and forms, and making them more able to cope with this phenomenon, and try to get rid of them completely, or reduce its danger toward the community.

Study Objectives:

- To identify the causes of the spread and growing violence phenomenon against medical personnel from the perspective of the patients' in some of government hospitals (Al Bashir Hospital, Jerash Governmental Hospital, and Salt Governmental Hospital).
- To identify the forms of violence deployed against the medical staff of auditors some of government hospitals (Al Bashir Hospital, Jerash Governmental Hospital, and Salt Governmental Hospital).
- Try to find solutions and suggestions to curb the spread of the violence phenomenon against medical staff in some of government hospitals (Al Bashir Hospital, Jerash Governmental Hospital, and Salt Governmental Hospital).

Literature Review

Firstly: violence

Violence is a humane social problem which is known since the beginning of creation, as it is practiced in different forms and it varies from one community to another for different types of customs, traditions, times, circumstances and social and humanitarian, economic systems. The intensity of violence varies based on the level of civilization of its members and their awareness and culture, as well as their different lifestyles (Sarairoh, 2009). The violence can be defined as any behavior contain a denial of human dignity or self-esteem, and it begins from an insult by speaking and ends by killing, which means that it is any meant or non-meant behavior causes physical or mental pain to another person (Mohammad, 2005).

Moreover, to facilitate studying and analyzing the violence in a scientific manner, it is necessary identifying violence and determining its forms. International Health Organization identified violence as: the intentional use of physical strength or physical force threatened or act against self, another person, a group, or against society; which leads to injuries and physical damage, death, psychological damage and depriving, bad development, and social problems (Zwi et al., 2002).

In addition, violence is a behavior has environmental and self-reason, it is caused by a range of physiological and social motivations behavior, and so they are interpreted using more than one theoretical way. The psychological researchers focused on the types of violence prevailing in society and its' causes such as religious violence, physical violence, meant violence, domestic violence, and violence against others which may appear due to the social, economic, and psychological conditions (Mohammed, 2005).

Violence has reasons that must be identified in order find the suitable solutions and reduce its spread. The reasons and motives have varied, so the researchers divided into the following:

- Psychological reasons: the reasons of the human's instincts and emotions; such as: anxiety and depression, various psychological contracts, and lack of attention to the feelings of individual (Sarairoh, 2009).
- Social reasons: including social causes such as family, the area around residential, and community policy (Sarairoh, 2009).
- Economic reasons: economic factors play a significant role to form pressure on individuals' behaviors. The families who suffer from difficult economic conditions are also suffering from frustration and emotional suffering, and thus they behave aggressive and violence (Muhammad, 2005).
- The surrounding environment: the surrounding environment plays an important role in the violence causes, in this research the surrounding environment is hospitals and health centers referred to the Ministry of Health and characterized by severe overcrowding by the number of patients, and the great pressure on doctors and medical stuff (Alameddine, et al., 2013).

– The transaction between the patient and medical staff causes violence. As is the weakness in communication between the health team and the recipient of service cause, spread the phenomenon of violence (Alameddine, et al., 2013).

Secondly: Violence against medical staff

The phenomenon of attacks on medical staff in hospitals and health centers has become a frequent phenomenon in Jordanian society, which needs to identify the causes and merits to reduce them and find appropriate solutions to them. Spreading of this phenomenon needs to provide protection to medical staff, and necessary to establish new legal legislation to curb this phenomenon, the incidents of attacks on medical staff increased significantly in recent times.

Madhok (2009) mentioned that the most places that have violence in hospitals come as follows: (1) **Emergency Department** where the patient case may be critical and may suffer from severe bleeding, and patient case may be delayed interest, or could reach emergency in critical condition cannot be delayed delay and die upon arrival because of the delayed acceptance. (2) **Intensive care unit**, which the critical case patients are put in, and patient death may lead to entering the parents to join the doctors during the ambulance patient in the intensive care unit. (3) **The surgery room**, where some things that may cause violence in the surgery room are delaying the patient surgery more than one time, or making wrong surgery or happening wrong during it. (4) **Other sections (patients' rooms)**, where Late and constant visits for a long time of patient's relatives and their families, and the considerable numbers of visitors per room, where patient's room founds to be comfort and provide health care and his frequent visits disturb the patient and other patients, and this may be the cause of the violence.

However, the reasons of violence against medical staff can be summarized as the followings (Madhok, 2009):

- Lack of communication between doctor and patient: doctor must tell the patient everything related to his/her situation, and doctor must explain interpret gravity of the situation on his/her health.
- Bad image left by the media about the medical work: the inciting role of some media through transferring news before validating.
- Lack of deterrent laws, patients behaves nervously and they make physical violence against doctors because they know that there are no laws against them and the possibility of impunity.
- Lack of security to protect medical staff in hospitals.
- The lack of laws to protect doctors and medical staff in hospitals.
- General deteriorating economic situation, which led to a social violence, besides to intended ignore by doctors and providing poor services in the Ministry of Health.
- Violence against medical staff is considered as a type of newly created social violence in Jordanian society (Qaisi 0.2016).

Previous studies:

The previous studies indicate that rates of violence against medical staff and workers in government hospitals has increased in recent times, where the used forms has varied between verbal and physical violence. Moreover, violence against medical staff affects their job performance and psychological health, which may adversely affect their regularity especially workers in emergency departments as it one of the most vulnerable section of the risk of violence in hospitals.

Al Qaisi study (2016) "The Causes of Violence and Forms of Attack on Medical Staff in Government and Private Hospitals in Jordan", the study aimed to identifying the causes of violence and forms of attacks on medical staff in government and private hospitals in Jordan. The questionnaire was distributed on 300 employees from different medical and administrative cadres in government and private hospitals at all job levels. The study results showed that the most important causes of violence against medical staff are rushing, the absence of the language of dialogue, intolerance of opinion, not to accept the opinions of others, tribalism, and the dominance of tribal culture. The results also showed that the main forms of attack are on public property within the hospital as glass facades, furniture and medical devices.

Moreover, Alameddine, et al.,(2013) "Addressing Health Workers' Exposure To Violence At Lebanese emergency departments: What do the stakeholders think?.", the study aimed to know the opinion of stakeholders about the roots of violence and its spread in emergency departments in Lebanese hospitals, and a debate among stakeholders on issues of

violence against workers in the field of health care in general and nurses in particular, in order to communicate with decision-makers and stakeholders to make the necessary changes to reduce the vulnerability of health care workers to violence and trying to address the underlying causes of violence. The study concluded that the root causes of violence in emergency departments are related to major categories including: management of emergency department and the applied policies, human resources management and practices that occur in health care facilities, and issues of misunderstanding and expectations of patients.

Add to that, Lepping et al. (2013) "Percentage Prevalence of Patient and Visitor Violence against Staff in High-Risk UK Medical Wards", the study aimed to investigate the prevalence of violence against health care staff in the emergency department at the Royal medical wards in the United Kingdom and find out the extent of the impact of violence on their employees. The study found that 83% of employees have been subjected to verbal abuse, and that 50% of them have been threatened, and that 63% of employees have been subjected to violent physical abuse by patients and their visitors, and 56% of them suffered injuries needed for evaluation and medical treatment. The study concluded that the length of work experience associated negatively with verbal abuse but not with physical attacks or threats, and that the staff communicate directly with patients and their visitors associated directly proportional to increase the proportion of the incidents of violence.

In addition, Alameddine, et al. (2011) "Occupational Violence at Lebanese Emergency Departments: Prevalence, Characteristics and Associated Factors", the study aimed to identify the spread of the phenomenon of occupational violence, characteristics of this phenomenon, and the associated factors among workers in emergency departments in Lebanese hospitals. The study results showed that during (12) months four of five staff were subjected to verbal abuse (verbal violence), and one of four employees had been physically abused (physical violence). Also the results showed that the verbal attacks were associated with dangerous reactions from violence recipients where the most important reactions were professional fatigue and increasing the probability of transition from the workplace, while exposure to physical abuse was associated with increasing the probability of resign and leaving the work. The results also indicated to the unwillingness of nurses, doctors, and medical staff to work in government hospitals, especially in emergency departments in which the level of violence increased largely.

The study methodology:

The study followed the descriptive analytical method, which is considered the best among other approaches when studying a phenomenon as it is in reality.

The study used the questionnaire as a tool of it, to assess the prevalence of violence against medical staff at a number of government hospitals (Al Bashir Hospital, Jerash Governmental Hospital, and Salt Governmental Hospital) in Jordan, from the patients' perspective, where the questionnaire included three sections: **First section** consists of demographic variables. **Second section:** consists of a set of features that may lead to the use of violence in hospitals. **Third section:** consists of a set of scenarios that depict the behaviours may be displayed by some patients or their companions inside the hospital.

The study tool was designed based on a review of previous literature in the relevant field, in addition to the advantage taken from the views of arbitrators and some professors. And re-formulated them with respect to the current study, where (3) main groups of the used violence forms were identified, and then distributed on (16) items to be answered with (yes or no).

The study population and sample: the study population consisted of all the patients in government hospitals (Al Bashir Hospital, Jerash Governmental Hospital, and Salt Governmental Hospital) in the Jordan and with all the spectra in the year 2019.

Due to the large size of the study population and the difficulty to confined, a random sample were selected of patients from government hospitals (Al Bashir Hospital, Jerash Governmental Hospital, and Salt Governmental Hospital) in order to achieve the study aims. The study tool (questionnaire) that was specifically designed to achieve these aims was distributed on the study sample which consisted of (200) male and female patients. The questionnaires were retrieved and what have not been answered seriously or in objective manner were cancelled, thus, the final study sample consisted of (136) male and female patients of government hospitals and public health centres in the Hashemite Kingdom of Jordan in 2019, and table (1) shows the distribution of the sample according to the variables of the study.

Table (1): The study sample distribution depending on the variables of the study

Variable	Categories	Frequencies	Percentage
Age	Less than 30	38	27.9
	From 30-40	64	47.1
	From 41-50	17	12.5
	More than 50	17	12.5
	Total	136	100.0
Gender	Male	81	59.6
	Female	55	40.4
	Total	136	100.0
Qualification	Less than secondary	12	8.8
	Secondary	37	27.2
	Bachelor	66	48.5
	Postgraduate	21	15.4
	Total	136	100.0

From table (1) it can be seen that the majority of respondents were in the age group (30-40 years) where numbered (64) respondents with percentage of (47.1%), while the lowest age groups responded in the study are (41-50 years old, and more than 50 years) where numbered (17) participants of both categories with a percentage of (12.5%).

As for the gender variable, the results showed that the majority of the study sample was males reaching (81) respondents, and by a percentage equal to (59.6%), while the number of females in the study sample was (55), and by a percentage equal to (40.4%). Moreover, table (1) shows that the majority of study respondents are of bachelor's degree holders, where numbered (66) respondents with a percentage equal to (48.5%), while the qualification of postgraduate has the lowest frequency where it was (21) with a percentage of (15.4%) of study respondents.

Statistical processing methods

To achieve the objectives of the study, Statistical Package Program of Social Sciences (SPSS) were used to analyse the data and get the results as follows: Alfa Cronbach's coefficient to verify the reliability of study tool has reached (0.65). In addition, the simple regression coefficient was calculated to study the relationship between independent and dependent variables, in addition to calculate ANOVA test of variance to study the differences caused by these variables.

Study Results:

This study aimed to identify the causes of the spread and growing violence phenomenon against medical personnel from the perspective of the patients ' in public hospitals, and to identify the forms of violence deployed against the medical staff by patients in government hospitals. This comes to try finding solutions and suggestions to curb the spread of this phenomenon within the government hospitals. Also, after collecting data, they were processed statistically by Statistical Package for Social Sciences (SPSS) program. The followings are the results that have been reached:

The Results:

In the context of answering the aspects and causes of the violence spread and its forms against the medical staff in government hospitals in Jordan from the perspective of the patients, the researcher used the mean values., and table 2 shows that. To estimate the responses of participants to the survey tool, the researcher used the following search criteria, because the scale used in the study is bilaterally tool (yes, no):

Table (2): the standard of estimating the participants' responses on the study tool

Estimate of consistency between the sample individuals	Mean
low consistency	0 -0.33
medium consistency	0.34-0.67
high consistency	0.68-1

This study will answer the main question **"What are the reasons of the spread of the violence phenomenon against medical staff at government hospitals in Jordan from the perspective of the patients?"**

The sub-questions:

-What are the reasons of the spread violence phenomenon against medical staff by patients and their escorts in government hospitals?

-What are the most familiar forms of violence against medical staff in government hospitals?

-Is there a statistically significant relationship at the significance level (0.05) between the causes and forms of violence against medical staff, and between the variables of sex and qualification of patients ?

To answer the sub-study question (**what are the reasons of the violence phenomenon spread against medical staff by patients and their escorts in government hospitals?**). The study used mean values, standard deviations, where table (3) shows the mean and standard deviations of the responses of patients on the violence using aspects.

Table (3): means and standard deviations of the patients' responses of violence using aspects

NO.	aspects of violence using paragraphs	Yes	No	Mean	Standard deviation
1.	Lack of medical staff that meets the patients' needs.	114	22	.84	.370
2.	Less awareness by the outpatient about the priorities in treatment providing (emergency/non-emergency case).	122	14	.90	.305
3.	Not to deal with patients humanly by medical staff.	90	46	.67	.473
4.	Failure of the medical staff to do their work to the fullest.	90	46	.66	.475
5.	Lack of cooperation by the medical staff with the patients and their parents and involve them in health status of the patient.	80	56	.59	.494
6.	Unavailability of treatment in the hospital and having to buy it from abroad.	77	59	.57	.497
7.	Inequality in dealing with patients by the medical staff.	102	34	.75	.435
8.	Lack commitment with the rules that prevent the presence of large numbers of escorts with the patient.	111	25	.82	.389
9.	Failure to apply strict penalties on perpetrators of violence inside the hospital.	127	9	.93	.250
The total score of the total paragraphs (mean, standard deviation)		0.725		0.429	

From table (3) the overall mean of all statements concerning the aspects and causes of the violence phenomenon spread against medical staff at government hospitals in Jordan from the perspective of the patients had reached (0.725), and this shows the high level of agreement among respondents to the aspects and causes violence, which means that the patients are using violence against medical staff highly, while the value of the standard deviation reached to (0.429), which reflects the convergence in the study sample responses. And the highest mean was in paragraph 9 (non-application of strict sanctions against the perpetrators of violence within the hospital), with a mean (0.93) and this reflects the high degree of the aspects and causes of violence. While the lowest mean was in paragraph 6 (the unavailability of treatment in the hospital and having to buy it from abroad), where their mean value reached to (0.57) and this reflects medium approval. Base on previous, the degree of aspects and causes of violence spread against medical staff at government hospitals in Jordan had earned a high level of agreement and the response by the respondents was close.

In the context of the answer to the second sub-question (**What are the main forms of violence prevalent against the medical staff in government hospitals?**) the search used mean values, standard deviations, and table (4) shows the mean values and standard deviations of the responses of patients on all forms of widespread violence.

Table (4): mean and standard deviation values of the patients' responses on violence forms

No.	Paragraphs of violence forms	Yes	No	Mean	Standard deviation
1.	Cursing the medical staff if I feel angry or ill-treated by them.	36	100	.26	.443
2.	Screaming on the medical staff to speed up service delivery when I note slow diagnosis of pathological cases.	65	71	.48	.501
3.	Threatening doctors with prison and documenting arguments in courts against them if they cause medical mistakes.	60	76	.44	.498
4.	Beating medical staff if I feel angry or ill-treated by them.	34	102	.25	.435
5.	Entering to the treatment room by force if I feel that my case is critical and needs to immediate emergency treatment or when I join critical patient case.	75	61	.55	.499
6.	Attack on the property of the medical staff such as car or telephone if I were angry or ill-treated by them.	23	113	.17	.376
7.	Tampering with posters and pictures on the walls in hospital when I feel bored.	24	112	.18	.383
The total score of the total paragraphs (mean, standard deviation)		0.332		0.447	

It is clear from table (4) that the overall mean values for all phrases related to violence forms against the medical staff in government hospitals in Jordan from the perspective of the patients had reached (0.332). This indicates the mean level of agreement among respondents to forms of violence scattered, while the value of the standard deviation (0.447), which reflects the convergence in the study sample responses. Moreover, the highest mean value for paragraph (14) (to enter the treatment room by force if I feel that my case is emergency and need the immediate and/or treatment if I join an emergency case), where its mean reached to (0.55) and this reflects the degree of medium-approval forms of violence. While the lowest mean value was to paragraph (15) (the attack against the properties of the medical staff such as car or telephone if I were angry or abused by him), with a mean (0.17) this reflects the low approval, is evident from the foregoing that the degree of violence against medical staff at government hospitals in Jordan. The auditors had earned a mean level of any degree of agreement medium forms of violence used, and response by the respondents was close.

To answer the third sub-question (**Are there significant differences at the significance level (0.05) between the causes and forms of violence against medical staff attributed the variables of sex and Qualification of outpatient?**):

– Unilateral variation analysis (ANOVA) was used to study the differences between the causes and forms of violence against medical staff that due to a variable, and table (5) illustrates this:

Table (5): the results of (ANOVA) to study the differences between reasons and violence forms against medical staff according to gender variable

Aspect	Gender	Mean	Standard deviation	'T' 'value	'Sig' 'value
Violence reasons	Male	0.761	0.403	3.496	0.305
	Female	0.725	0.413		
Violence forms	Male	0.425	0.404	3.965	0.243
	Female	0.488	0.433		

Through table (5), there is no significant statistical differences at the significance level (0.05) between the causes and forms of violence against medical staff due to the variable sex, where the value "F" did not reach the level of significance, and the value of the "Sig" higher level significance in both areas (the causes of violence, forms of violence).

– In this study, (ANOVA) analysis is used to study the differences between the causes and forms of violence against medical staff, which attributed to the educational qualification variable, and Table (6) illustrates this:

Table (6): the results of (ANOVA) to study the differences between violence reasons and forms against the medical staff according to scientific qualification

Aspect	Qualification	Mean	Standard deviation	'F' 'value	'Sig' 'value
Violence reasons	Less than secondary level	0.721	0.402	1.372	0.496
	Secondary level	0.754	0.424		
	Bachelor	0.757	0.394		
	Postgraduate	0.707	0.384		
Violence forms	Less than secondary level	0.345	0.467	0.960	0.649
	Secondary level	0.317	0.451		
	Bachelor	0.342	0.433		
	Postgraduate	0.328	0.471		

Through Table (6), there were no statistically significant differences at the significance level (0.05) between the causes and forms of violence against medical staff attributed to the educational qualification variable. Where the value of "F" did not reach the level of significance, and the value of the "Sig" higher than the level of significance in both areas (the causes of violence, forms of violence).

Discussion of the study results:

Firstly, the most important reasons for spreading the phenomenon of violence against medical staff by patients and their companions in government hospitals:

Current search results showed that the most important and the most prominent reasons of violence phenomenon spreading against medical staff in government hospitals are Failure to apply strict punishments on perpetrators of violence inside the hospital, also lack awareness by the patients to the priorities of treatment (emergency/non-emergency).

Secondly, the most prevalent forms of violence against medical staff at government hospitals:

Current search results showed that the most important and widespread forms of violence against medical staff in government hospitals are: Entering into the treatment room by force if they feel that the cases of an emergency need immediate treatment and/or joining an emergency case, this is a form of physical violence. Thus, the most familiar forms of violence prevalent against the medical staff are verbal violence, physical violence. This study highlighted that the verbal violence is the most widespread violence type from patients against medical staff in government hospitals, and disagreed with study in regards with violence against property.

Thirdly, the relationship between the causes and forms of violence against medical staff and between the variables of sex and Qualification of patients:

The search results proved that there was no statistically significant relationship at the level of statistical significance between the causes and forms of violence inflicted by patients and between each of the outpatient sex or scientific qualification variable.

Recommendations and Suggestions:

- Providing psychological training programs for workers in hospitals to enable them to have a dialogue and discussion skills, attitudes and management of crises, and adjust the agitation, which reduces reaction issued by patients, and especially verbal reactions. In addition, solve the shortage of medical staff in some medical specialists.
- Establishing stronger laws against who make violence and activating the role of hospitals safe to take security procedures against aggressors.
- Increasing awareness of the patterns of violence and its negative effects on the mental health, social, and psychological compatibility, as well as educate consultant's priorities treatment followed by hospital staff through the media, publications, seminars, and community institutions.
- Studying cases of violence using scientific ways to explore the organic, psychological, and social aspects that need to be addressed.

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