

# **Psychological Violence Against Medical Personnel In The Health Sector**

## **(Field Study At Tizi Ouzou University Hospital)**

**Dounia Khemnou**

Tizi Ouzou University, Algeria

Correspondence Author Email : [dounia.khemnou@ummto.dz](mailto:dounia.khemnou@ummto.dz)

**Sassia Slimi**

Tizi Ouzou University, Algeria

Received:21 /02/ 2023; Accepted: 10/08/2023; Published: 27 /08/ 2023

### **Abstract**

The study aims to identify the real causes of psychological violence against hospital medical personnel and various health centers in the state of TiziOuzou. The researcher used the prescriptive curriculum and the application of the form as a tool to collect data on a sample of 100 employees (GPs, biologists, nurses, security agents). The study found the following findings:

- 1- There is a high degree of psychological violence in the health sector.
- 2- There is a high degree of psychological violence on medical personnel in the health sector.
- 3- There are statistically significant differences in the causes of psychological violence in the health sector attributable to the changing nature of the profession in favour of the category (GPs).

**Keywords:** violence, psychological violence, medical personnel, hospitals, health centres.

### **Introduction**

The phenomenon of violence in its various forms is deeply rooted in most human societies without exception. ", with variation in the nature and forms of these behaviors associated with this phenomenon, depending on the differences in social structure, cultural systems, and the patterns and flimsiness associated with those societies. Violence is an acquired deviation and a worrying social phenomenon. They are increasing by the day and their manifestations and shapes are multiplying, and the factors underlying their emergence and aggravation and the implications thereof, especially if violence against medical personnel in hospitals and hospital centers is physically or verbally insulted (Brook, 2001:102)

Attention to the phenomenon of violence came as a result of the development of public awareness of the concern for children in the early twentieth century, especially after the development of theories of psychology that have come to explain human behavior in the light of early childhood, as well as the emergence of many institutions and movements that defend human rights.

Reflecting on the problems faced by the health sector, whether hospitals, health centers or others, finds that they suffer from the phenomenon of violence on their medical

cadres and that the mere fact that they exist regardless of their prevalence requires their study to find the necessary treatment because the violence is incompatible with the aims of the health institutions.

Algeria, like other societies, is witnessing a marked increase in the prevalence of psychological violence and behavioral patterns that are not combined as a result of social, economic, political and cultural developments and changes that are taking place in Algeria. In addition to the widening area of urban growth, cultures are mixed by means of communication and technology.

Psychological violence is the most serious form of violence that has invaded hospital institutions in all its forms, nature and sizes. It has become perplexing and preoccupying many scholars with this phenomenon, given its negative consequences for health sector workers and who are overwhelmed by psychological problems manifested through perturbation and anxiety, stomach disorders and serious problems affecting the mental health of employees... etc.

Our study has been an attempt to investigate the real causes of psychological violence against health-sector employees in various occupational categories.

## ***I. General Framework Of The Study***

### ***1. Problematic study***

Work occupies an important place in society because it is the key element in the dynamic of building an individual's identity and in achieving his physical, psychological and mental balance, the movements that the individual performs are only a set of sequenced and interconnected muscle processes that reflect the psychological, mental and social function with which he deals with others.

Violence at work is the greatest threat to employees in their work. According to the British Union of Government and Health Care Workers, violence is often the risk that leads to injury and threatens people's ability to continue their work (Ja 'afarah, Halmi, 2015:12).

Violence against medical personnel has escalated and is one of the types of violence that has been introduced in society in terms of quantity and content, which has become a threat to social and job security. This problem is disturbing because it is linked to a vital and important sector for every citizen, who needs calm, order and tranquility and not to violence and intimidation, Citizens consider that poor services, patronage and neglect are the driving causes of violence. While medical staff consider that some unaccounted emotional behaviors and the failure to use the correct channels by the citizen to obtain his rights in case of abuse and lack of knowledge of medical matters are causes of violence, regardless of these opinions, violence is unjustified under any circumstances (Agent Website, 2015 and Observatory, 2015).

Crimes of psychological violence against medical personnel in the health sector are one of the serious social problems threatening the security and peace of any institution and spreading terror and dismay in many of its grave and terrifying forms, especially in the circumstances recently known to Algeria. In this direction, our study examined the real causes of psychological violence against medical personnel in Tizi Ouzou health sector through the following questions:

1. What are the causes of psychological violence in the health sector in Tizi Ouzou?
2. What is the degree of psychological violence on medical personnel in TiziOuzou health sector?
3. Are there statistically significant differences in the causes of psychological violence in Tizi Ouzou health sector attributable to the changing nature of the profession.

## **2. Study Hypotheses**

1. There is a high degree of psychological violence in TiziOuzou health sector.
2. There is a high degree of psychological violence on medical personnel in the health sector in Tizi Ouzou.
3. There are statistically significant differences in the causes of psychological violence in Tizi Ouzou health sector attributable to the changing nature of the profession.

### **3. The importance of the study:**

1. Highlighting an important problem: psychological violence against cadres in the health sector in Tizi Ouzou.
2. Contribute to the study of the phenomenon of psychological violence against medical personnel in the health sector in Tizi Ouzou.
3. Create preventive and curative measures for psychological violence against medical personnel in the health sector in Tizi Ouzou.
4. Trying to present a new vision to reduce the phenomenon of psychological violence and raise awareness among visitors and patients of the bases of dealing with medical personnel to reduce violence and aggression against them.
5. Benefiting researchers in the field of psychology, in particular work and organization, by examining the results of the study that may benefit them in the search for the reality of the phenomenon in Algerian public institutions and more research in the relationships of employees within these institutions.

## **4. Objectives Of The Study**

1. Measuring psychological violence against medical personnel.
2. Identifying the causes of psychological violence against medical personnel in the health sector in TiziOuzou.
3. To know the psychological impact of the phenomenon of violence on the medical staff of the University Hospital of Tizi Ouzou.
4. Trying to find out the causes of the phenomenon of psychological violence against medical personnel and finding effective solutions.

### **II. Definition of violence:**

The concept of violence overlaps with a number of other concepts approaching it in meaning, sometimes confusing these concepts with the blurring of the concept and its overlap with other concepts associated with it, so a distinction must be drawn between their relationship with the concept of violence (aggression, force, oppression).

Psychologists consider violence to be "force, aggression, oppression, coercion, and usually uncivilized and inherent behavior in which aggressive motivations and energies are explicitly invested, such as beatings, etc." (Taha, 1993:551).

Sociologists (a social phenomenon with a number of people who are homogeneous in a particular social situation, and within the interaction pattern represents a realistic manifestation of explosive tensions) (Night, 1974: 281), the concept of violence is not limited to the use of force but only to the psychological effects of the act of aggression, which extends to the violation of human dignity, liberty and the right to existence, Violence and aggression are often used as synonymous The doctrine of aggression is presented in the context of talking about violence or vice versa and is used interchangeably by researchers (Sayyid Abdullah, 1979:89).

Some researchers use both the concept of aggression and violence as synonymous but the perception is closer and more agreed than most researchers, and based on a comparison of each other's procedural definitions Violence is a form of aggression, and aggression is more general than violence. And everything that is violence is aggression and vice versa is not true. For example, refraining from performing certain tasks such as (Strike) passive aggression while not falling under the concept of violence (Araishi, 2004:21).

Brown considers that "violence and force refer to a single meaning. Force aims to force others by physical or moral means, and all coercion is violence as long as it seeks to impose obedience and submission on others" (Brown,1993,p. 117).

### ***III. Definition of psychological violence:***

Psychologists consider violence to be cruelty, aggression, coercion, and a habit of urbanization and urbanization in which motivations and aggressive energies invest primitively explicitly (Al-Khailani, 2014:464)

Psychological violence, impartial with beatings, indignity, contempt and threats, is even more painful than physical violence in most cases, and is intended to degrade a person's worth so that he or she is embarrassed in front of society and those around him or her. (Majael, 2005:02)

According to Tapper, 2000, psychological violence manifests itself in the form of hostile behaviors that are verbal or non-verbal, directed without any physical contact, and these behaviors are supported and encouraged by an official or several officials in the step ladder of administrative functions, a definition that is consistent with the definition he has given. (Keashly,1998) which defined psychological violence at work as "verbal or non-verbal hostile behaviour interaction and which is usually not physical, is carried out by persons in such a way as to make the target person feel passively evaluated with regard to his or her competence at work" (Guseltasciyan, 2002, p20).

Psychological violence at work is all recurrent involuntary arbitrary behaviour in the workplace that manifests itself through the use of references and words or words The same relationship and organization, which endangers a person with regard to his professional competence, his work, his health, his person and his private life and sabotages or disturbs the working atmosphere of the group And psychological violence at work is a perverse behaviour or violence that is probably visible and hidden and has no form, It is a conscious or unconscious sentimental will to abuse, sabotage and intimidation, and is less clear and explicit (Ben Brik,2010, p8).

#### ***IV. Categories of psychological violence:***

- 1. Innate violence:** Some theories have confirmed that violent behavior is innate behavior born with man according to the blame for the emergence of the "offender by birth", meaning that violence is innate behavior in some people as they are born with certain personal characteristics that include criminal and aggressive tendencies. (Rashi; Ladad, 2021:30).
- 2. Acquired violence:** If Freud and his followers consider violence to be an innate response in children that they inherit and based on the instinct to love survival, then there are scientists who interpret all instinctive behavior that is acquired from the society in which they live, especially those with behavioral theory. (E.1192: 41)

#### ***V. Forms of psychological violence:***

Psychological violence can take several forms, including:

Abuse and neglect of feelings, lack of attention, neglect of communication with others, humiliation, any degradation of the value of others, such as humiliation of medical personnel in the presence of others, taking advantage of the opportunities available to carry out all aggressive behavior against medical personnel. (Abu Alia, 2001:94)

#### ***VI. Study methodology:***

- 1. Curriculum used:** The descriptive curriculum will be used as it fits the study's problem, questions and objectives in tandem with the field study.
  - 2. The study community:** The study community is made up of hospital staff in Tizi Ouzou (GPs, biologists, nurses, security agents).
- Sample study:** The sample study consists of (100) staff and staff at the University Hospital of Tizi Ouzou.
- 3. Data collection tool:** The form was used as a tool for collecting two-dimensional study data (causes of psychological violence, forms of psychological violence) and applying a Licert scale for five alternatives (Agree, strongly agree, neutral, disagree, strongly disagree) to answer study questions.

#### ***VII. Results and analysis of the study:***

##### ***1. Presentation of the results of the study:***

The first hypothesis: which stipulates a high degree of psychological violence against medical personnel, and to verify the validity of the hypothesis, computational averages and standard deviations of the first dimension (causes of psychological violence) have been extracted. The following table shows this:

**Table No. (01):** *Showing the averages and standard deviations of the causes of psychological violence.*

N°	Paragrapgh	Average	Variation	Classe	Degree
1.	There is mediation in the hospital	3,40	1,39	9	Intermediate
2.	There is nervousness on the part of citizens	3,44	1,38	8	Intermediate
3.	Haste and absence of dialogue	3,55	1,45	6	High
4.	Intolerance of opinion and unacceptability of other opinion	3,62	1,54	2	High
5.	Failure to apply regulations and instructions fairly in the hospital	3,56	1,48	5	High

6.	Feeling that violence is a way to achieve goals	3,28	1,22	10	Intermediate
7.	Weak security services in the hospital	3,61	1,53	3	High
8.	Complacency in applying penalties to perpetrators of violence in the hospital	3,51	1,48	7	High
9.	Staff (doctor, nurse, security agent) are not interested in the patient in the hospital	3,58	1,51	4	High
10.	Delays in investigations of incidents and cases of violence in the hospital	3,77	1,54	1	High

Table No. (01) shows that the averages are a dimension "Causes of psychological violence" ranged from "3,77" to "3,28", where paragraph No. "10" in first place at a high level, followed by paragraph (4) in second place at a high level and then followed by paragraph No. "7" in high third place and paragraph No. "9" in high fourth place, In the fifth place, paragraph (5) comes in the fifth place with a high level, paragraph (3) is in the sixth place at a high level, after which paragraph (8) is in the seventh place at a high level. and paragraph (2) of the eighth grade, and paragraph (1) of the second grade of the intermediate and paragraph (6) of the tenth grade.

**Presentation of the results of the second hypothesis:** which stipulates that there is a high degree of forms of psychological violence against medical personnel. To verify the validity of the hypothesis, computational averages and standard deviations of the second dimension (forms of psychological violence) have been extracted. The following table shows this:

**Table No. (02):** *Showing the averages and standard deviations of the remoteness of psychological violence*

N°	Paragraphe	Average	Variation	Classe	Degree
1.	Severe beatings against medical personnel in the hospital	3,91	1,13	6	High
2.	Publishing white weapons in the face of medical personnel	3,78	1,13	7	High
3.	Raising the sound and shouting at the medical cadres	3,99	1,06	3	High
4.	Insulting and demeaning medical personnel	3,74	1,22	9	High
5.	Assault on public property of medical personnel (car, cell phone)	3,75	1,23	8	High
6.	Assault on the hospital's public property (shattering of glass, medical devices, furniture)	4,07	1,07	1	High
7.	Forced and alarming admission to the medical staff room	3,92	1,16	5	High
8.	Doctors' DeathThreat	3,95	1,13	4	High
9.	Doctors' threat to bring cases of medical errors against them	4,05	1,15	2	Intermediate
10.	Attacks on medical personnel in their homes in retaliation	3,60	1,35	10	High

Table No. 02 shows that the averages of the dimension of "forms of psychological violence" ranged from "3.60" to "4.07". Paragraph No. 06 was high first, followed by paragraph No. 9, high second, followed by paragraph No. 3, high third and paragraph No. 10, medium.

***Presentation of the results of the third hypothesis:***

The following table shows:

**Table No. (03):** Shows The Results Of The Analysis Of Anova's Monogamy In Forms Of Psychological Violence Depending On The Changing Nature Of The Profession.

Dimension	Profession	Average	Variation	F	Statistical significance
Forms of psychological violence	General physician	3,95	0,86	0,742	0,05
	Specialist physician	3,94	0,85		
	Nurse	3,86	0,83		
	Security Agent	3,81	0,80		

We note from Table No. 03 that there are statistically significant differences at the indicative level (0.05) in the causes of psychological violence against medical personnel in the hospital for the "GP" category.

## **2. Interpretation Of The Study's Findings**

***Interpretation of the results of the first hypothesis:***

The results of the first hypothesis, which states the degree of causes of psychological violence at the University Hospital of Tizi Ouzou, showed that the causes of psychological violence varied. The first reason for the delay in the investigation of cases and incidents of violence in hospitals is to generate a sense of distrust of the administration, security and the Department's bias towards medical personnel. He feels that there is an injustice against him, which leads him to perform behaviors that express his anger at the current situation such as insulting, cursing and shouting. Medical urgencies and childbirth are at the forefront of the hospital interests most vulnerable to various violations and psychological attacks caused by about (90 %) of the patient's escorts and these results are consistent with an article by Algerian Radio on 27/09/2019 And also the lack of language of dialogue and constructive debate based on respect for and acceptance of opinion and other opinion even if it is contrary is one of the causes of ignited psychological violence and tension between medical personnel, visitors, patients themselves and their companions, which is consistent with the results of Hayek study (2020) about violence directed at medical personnel in Jordanian hospitals its manifestations, causes and mechanism for dealing with and preventing it from the perspective of a sample of Jordanian society; The study found that the most causes of psychological violence directed at medical personnel were loudness, disparagement and excessive anxiety of the patient's parents and companions. We also find the haste, the absence of dialogue and the contextualization of some visitors or patients behind their emotions, which results in severe behaviors and nervous eruption of the scourge with the use of verbal violence against medical personnel in hospitals and health centers without the ability to control the external sources of their emotional condition and these results are consistent with the results of study of Qisi (2016) on the causes of violence and attacks on medical personnel in government and private hospitals in Jordan, the study found that the main causes of psychological violence against medical personnel are due to the haste and psychological stress of the patient and his escorts and the lack of language of dialogue with others and a study of Al-Rabaawi (2015) on

attacks against doctors and health owners in the Baghdad Teaching Hospital Emergency Lobby, the results of which confirmed that (85 %) of the sample considers that repeated incidents of attacks inside the hospital have adversely affected the hospital's achievements by creating a chaotic atmosphere that threatens patients and their escorts. The study also showed that most doctors in the emergency interest do not have sufficient expertise to deal with their abuse.

It should be noted here that the absence of censorship and the lack of deterrent penalties for violators has led some visitors and patients themselves to persist in creating problems and violence. Therefore, the existence of deterrent laws may alleviate problems and calm the atmosphere in hospitals to perform better and safe for medical personnel and even security agents who have not been extradited from these violations and psychological pressure and these results are consistent with the study of Al-Aswab(2014) on factors leading to crimes of assault against medical personnel (field study at Karak Hospital, Jordan).

***Interpretation of the results of the second hypothesis:***

The results of the second hypothesis, which provides for the degree of forms of psychological violence at Tizi Ouzou Hospital, showed that the degrees of forms of psychological violence varied, as the forms of psychological violence are varied and many, which are the use of verbal violence by anyone that would leave clear effects and cause psychological wounds. psychological violence is one of the most common forms of violence against medical personnel in hospitals and health centres, It is insulting, insulting, psychological humiliation and demeaning, resulting in undervaluing medical personnel, instilling fear in them and also forms of violence, threatening to kill and harming members of the doctor's family and the breakdown of private property, the use of threatening words and blame and the questioning of his professional abilities that would lead to feelings of inferiority, despair and depression of different degrees among medical personnel in hospitals and health centers, the results of which are consistent with the study of N. Samir et al (2010), the results of which indicated that (86,1%) nurses have experienced psychological violence in the workplace and patients' relatives are the largest source of violence, and nurses have used no more than (50%) of the Violence Reporting System and (87,2%) of nurses considered that the workplace had a negative impact on them and that there was a need for guidance to protect against nursing work.

***Interpretation of the results of the third hypothesis:***

The results of the third hypothesis, which states that there are statistically significant differences in forms of psychological violence at the University Hospital of TiziOuzou, were in favour of a category "GPs", because the forms of psychological violence are varied and many from a different point of view for medical personnel and hospital staff, GPs complain about the indiscriminate practices of the patients themselves and are under treatment, especially their visitors and hospital attendants. These actions have caused some kind of complaint to GPs, a sense of contempt and poor psychological condition and a fear of completing their tasks fully and acting normally. And from the studies that coincide with the results of the current study we find a study of Samir (2010), which showed that there were statistically significant differences in the study sample responses and it turned out that most doctors (77.1%) They were subjected to a variety of forms of psychological violence, including cracking their cars and phones in retaliation against them and expressing their anger, acquiring the hospital's public property, as well as insulting, insulting and verbal insults, and study of Shawabakat(2019).

## Conclusion

The findings are consistent with what has been presented in the literature of the subject at different points. This can be traced back to the study tools and the different characteristics of the sample applied to them. Therefore, the researcher concludes that there is a high degree of causes of psychological violence, which included:

Haste and the absence of language of dialogue and intolerance of opinion and other opinion and the dominance of the community culture and the existence of a high degree of forms of psychological violence against medical personnel in hospitals, including:

Attacks on property belonging to medical personnel and the threat of imprisonment by bringing cases against them, in addition to the existence of statistically significant differences in the causes of psychological violence in the health sector attributable to the changing nature of the profession for the benefit of the category (GPs).

## Suggestions

Based on the findings of this study, and the results of previous studies on the causes of psychological violence against hospital medical personnel, the researcher makes the following suggestions:

- Create waiting lounges for patients and escorts with means of comfort and well-being to reduce their stress and anger.
- Provide security protection to medical personnel by increasing the number of security personnel and increasing security control methods such as surveillance cameras in departments where cases of violence such as emergency and maternity departments increase.
- Increase moral support and job support for medical personnel in hospitals to enable them to cope with attacks that can occur to them.
- Provide hospitals with appropriate numbers of medical personnel and all necessary medical equipment and supplies to provide adequate and prompt health care to patients to reduce the severity of attacks.

## References

- Al-Khilani, Kamal Mohammed Sarhan. (2014), Psychological Violence Directed at Women Working in Baghdad City and Its Relationship to Oppressive Thinking, Literature Magazine, No. 107, Baghdad, Iraq.
- Abu Alia, Mohammed Mustafa. (2001), The Impact of Medical Violence on Patients' Degree of Anxiety and Adaptation, Journal of Educational Sciences, vol. 48, No. 01, Jordan
- Ja 'afar, toxicity; Fars Hilmi. (2005), Mental health and its relationship with certain aspects of the working environment in Jordan's pharmaceutical industry. Article published in the Journal of Social and Human Sciences Studies, vol. 32, No. 02.
- Al-Hayek, Ahmed. (2020), Violence directed at medical personnel in Jordanian hospitals, its manifestations, causes and mechanism for dealing with it and preventing it from the perspective of a sample of Jordanian society, Journal of Social and Humanitarian Sciences Studies, vol. 34, No. 01, Jordan.

- Shawabneh, Arin Adnan. (2019), The Impact of Workplace Bullying Behaviors on the Circulation of Volunteerism: A Modified Changing Organizational Climate, Field Study in Aden's Private Hospitals, Master's Thesis, Middle East University, Amman, Jordan.
- Al-Qaysi, Salim. (2016), The Causes of Violence and Attacks on Medical Personnel in Government and Private Hospitals in Jordan, *Jordanian Journal of Social Sciences*, vol. 09, No. 01, Jordan.
- Brook, Jackson. (2001), Beating Children's Brains, *Knowledge Magazine*, No. 69, Riyadh, Saudi Arabia.
- Syed, Abdullah Mu'taz. (1979), *Intolerant Trends*, Knowledge World Series, Kuwait.
- Taha, Faraj Abdul Qadir. (1993), *Encyclopedia of Psychology and Psychoanalysis*, Dar al-Sabah, Kuwait.
- Arishi, Sadiq Mohammed Ahmed. (2004), The Growth of Moral Judgments and Its Relationship to Aggressive Behaviour, Master's Thesis, Faculty of Education, Umm al-Qura University, Mecca, Saudi Arabia.
- Violence in hospital institutions, psychological violence against medical personnel, article for Algerian Radio on 27/09/2019 <https://radioalgerie.dz/news/ar/reportage/180241.html>
- Isawi, Abd al-Rahman. (1992), *Crime Researcher, Study in Crime Interpretation and Prevention*, Dar al-Arabiya, Beirut.
- Larashi, Rashid; Ladad, Fathi. (2021), Violence in Algerian Hospital Institutions in Light of the Coronavirus Pandemic, Memorandum Master of the Faculty of Humanities and Social Sciences, Yahya Faris University, Medea, Algeria.
- Lilia, Ali Mahmoud. (1974), Violence in Developing Societies from the Perspective of Functional Analysis, *National Criminal Journal*, vol. 17, No. 03, Cairo, Egypt.
- Makhayel, Catherine. (2005), Is Violence Rooted in Iraqi Society, *Mourfidain Encyclopedia*, <http://www.iraqo-cr-mi.com>
- Marsed, Akid. (2015), Attacks on doctors and teachers, weak follow-up and normalization of violence, article published in Mosul newspaper, No.12, Jordan.
- Alwakil Website. (2015), The perpetrator and victim of attacks on medical personnel and errors, newspaper article, Al-Sha 'b newspaper, No.04, Jordan.
- Ben Brik, Eric. (2010), La souffrance au travail au harcèlement moral vous voulez comprendre, conférence de CGT Laborit, CHU Poitiers, France.
- Brown, A. (1993), Violence against womenlay male partners: Prevalence, outcomes, and policy implications, *American psychologist*,
- Guzeltasliyan, Anna; Susanne, Kaiser Et al. (2002), Le harcèlement psychologique au travail, (1652) travailleurs romands s'exprimes, Genève.
- Samir, N.1 Mohmed, R. E. Moustafa and AbouSaif, H. (2013), Nurses' attitudes and reactions to workplace violence in obstetrics and gynecology departments in Cairo hospitals. *Eastern Mediterranean Health Journal La Revue de Santé de la Méditerranéenne Orientale EMHJ*, 18(3).