International Journal of Engineering Science Invention (IJESI)
ISSN (Online): 2319 – 6734, ISSN (Print): 2319 – 6726
www.ijesi.org ||Volume 8 Issue 01 Series. III || Jan 2019 || PP 57-71

Violence against Doctors in Healthcare CentersCase Study: "Benghazi Medical Center"

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Abstract: *This study aims to identify the reasons of violence against healthcare doctors in Benghazi Medical Center, determine the most common types of violence, ascertain the most likely departments exposed to violence, and the study recommends some suggestions to reduce the incidences of assault and abuse against health care doctors. The quantitative research method approach has been used; a questionnaire has been designed to collect the primary data that relates with the study. This research has been conducted from the study sample including 200 doctors in Benghazi Medical Center in Libya. The statistical package for social science (SPSS) has been used to analyze the collected data, answering the research questions, and testing the research hypotheses.The study has shown the high level of violence and abuses against healthcare doctors in Benghazi Medical Center, as the study results showed the most common reasons of violence and abuses against doctors is the large number of patients compared to the small number of doctors, long working hours, and the perception on the part of the assailants that violence is a means of achieving goals. The study results showed that the most common types of violence are the destruction of building, property and medical equipment, physical assaults, and threats assaults. The sample of study agreed that the most common departments exposed to violence are the surgical wards, emergency rooms, and waiting rooms.*

Keywords *-Healthcare, Violence, Doctors, Medical Centers.*

Date of Submission: 20-01-2019 Date of acceptance: 06-02-2019

I. INTRODUCTION

The phenomenon of violence in its various forms is inherent and deeply rooted in most of human societies without exception, with disparity and differences in the nature, forms, and patterns of these behaviors associated with this phenomenon, depending on the difference in the nature of social structures, cultural systems, and the value structures associated with these communities. Nevertheless, it is very important to give up-to-date quality service to all customers in service business based institutions. In this respect, one of the most important factors that differentiate a service business from another business is that it produces and delivers higher quality services than competitors (Ene and Tatar, 2010:99).

The duty of all professional doctors who work in the healthcare field is to promote the advancement of the science and art of medicine at all levels in particular for the improvement of patient care; to facilitate and encourage the exchange of professional experience and to promote good fellowship among the junior doctors. All doctors who work in healthcare sector must work towards progress on what was mentioned above. This also involves fighting against unacceptable acts, which are inflicted on doctors by patients and their companions.

This imbalance in the structure of the doctor-patient relationship was accompanied by other extreme disorders; the most important one was the violence against doctors. The profession of medicine has been considered a profession of danger, threat and aggression according to the British crime survey (Budd, 2001), because of the high levels of violence experienced by doctors, and the same applies to the United States of America (USA), Canada, Europe and other countries, which means that the problem is not specific to Libyan or Arab countries, but it is an international and global problem. The main difference is how to respond to the problem; while western societies recognize the essence of the problem and the role of a doctor in managing violence, as well as other institutional and cultural factors, and offer remedial solutions to overcome this problem, our societies are trying to disguise the role of the healthcare doctors in managing violence and offering solutions to overcome the problem.

By looking at the problems faced by health institutions, whether hospitals or health centers, we found that they suffer from the phenomenon of violence against their medical staff. The existence of this phenomenon

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regardless of its prevalence means that health institutions must find the necessary solutions, because violence is contrary to their duties.

Libya; like other countries is witnessing a marked rise in the prevalence of violent phenomenon and behavioral patterns as a result of the social and economic development, political and cultural changes which are taking place in the region, the expansion of urban growth, the integration of cultures resulting from the means of communication, technology, globalization ,and openness to the world. The changing equilibrium of power politics affected the states. Once strong authoritarian states, which had vast backing from the superpowers, are now weakening due to the lack of contemporary support. These states are facing the growth of civil opposition, the emergence of new threats to their existence(Ogun and Aslan, 2013: 375).New soft threats appeared to be new issues such as ecological changes, health epidemics, illicit trade of drugs, human trafficking, illegalimmigration, terrorism, economic crisis, immigration, poverty, or resource shortages (Ogun and Aslan, 2014:93).

The results of previous studies and research showed an increase in the prevalence of these patterns of behavior due to the growing phenomenon of community violence in Libya. Namely the violence expressed by repeated attacks on medical personnel is the most severe and it has an impact on the safety of workers in the health sector.

Background of the Study

Violence is the use of force to control another person or group of people and may include any ill-treatment, coercion or physical, psychological, social or economic pressure. Violence may be manifested in the form of physical assault or threat of weapons; it may be concealed in the form of intimidation or threat or other forms of psychological or social pressure.

Violence is an acquired behavior and a disturbing social phenomenon, which is increasing rapidly. The violence characterized by manifestations and forms, the factors behind their appearance, their ferocity and their effects, especially if violence is inflicted on medical staff working in hospitals by abusing them physically or verbally.

One survey reported that the prevalence of violence against doctors who work in the healthcare sector in emergency departments in Morocco was around 70% (Belayachi j et al., 2001).

In the USA, deteriorating physician-patient relationships have been evident since 1990 (Emanuel Ej et al., 2011).

In developing countries, a recent study showed that more than half of the surveyed health personnel experienced at least one incident of violence in 2011 (World Health Organization, 2014).

It is important for the doctor who works in the healthcare sector to be able to understand the patient's culture in terms of their interests, beliefs, and ethics (Benson, 2006).

Managing the relationship between the doctor and the patient is undoubtedly influenced by the personal characteristics of the doctor and the patient. This issue includes criteria such as trust, ethics, communication skills and sincerity (Gwyn Elwyn, 1999). However, the pattern of expectations between the doctor and the patient often exaggerates the duty of the doctor, while amplifying the right of the patient. This stems from the nature of the relational position, and the interaction format, which means that the doctor bears the responsibility and becomes heaviest burden.

Far from that default formula, medical sociologists complain that there is a decline in trust and warmth in the doctor's relationship with the patient and the education in medicine trains physicians to create emotional distance (Fredric, 1991).

Statement of the problem

With an easy spread to all kinds of weapons and guns and its availability almost to everybody in Libya following the fall of the previous regime, violence against doctors who work in healthcare medical centers or even taking the revenge against inpatients themselves due to alcohol and narcotics abuse has been increased. As well as the ignorance, intolerance, and lack of respect have become an ordinary occurrence. It has taken time for these aggressions to be reported as they were more or less considered as a part of professional confidentiality by healthcare workers and even minimized by the hospital administration. However, their frequency has increased to the point where some hospitals are now reacting.

Research Questions

1. What are the main reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center?
2. What are the types of violence against doctors who work in the healthcare sector in Benghazi Medical Center?
3. What are the most common departments where doctors who work in the healthcare sector are exposed to violence in Benghazi Medical Center?

4. What are the best suggestions to reduce the violence against doctors who work in the healthcare sector in Benghazi Medical Center?

Importance of the Study

The important of the study can be formulated as follows:

1. Attracting the attention of the society to the problem of violence against doctors as a real problem affecting the society and the level of medical services in particular.
2. This study is the first of its kind in Libya, which will help to attract the attention of researchers and officials in the country to this problem and work to provide the best solutions to solve this problem.
3. This study will propose a set of solutions, suggestions and appropriate measures to reduce this problem.

Aims of the Study

The aims of the study can be formulated as follows:

1. To know the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center.
2. To ascertain the types of violence against doctors who work in the healthcare sector in Benghazi Medical Center.
3. To determine the most common departments of the healthcare sector where doctors are exposed to violence in Benghazi Medical Center.
4. To give the best suggestions to reduce the violence against doctors who work in the healthcare sector in Benghazi Medical Center.

Hypotheses of the Study

The main hypothesis: There are no statistically significant differences at the significance level ($0.05 \geq \alpha$) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the demographical information (Gender, Educational Level, Years of Experience, and Department).

II. SUMMARY OF LITERATURE REVIEW

Most of the studies concerned with violence against healthcare doctors fall within two sets of interest. The first group of study focused on forms of violence against doctors, levels of violence, places of concentration and the consequences of violence on doctors and the healthcare sector in general. While the second group of studies focused on the internal structure of the relationship between the doctor and the patient and mainly the doctor's behavior towards the patient, the impact of doctors on confidence of his patients, the level of satisfaction in the patient, and the doctor impact on the health and psychological state of the patient.

2.1 These studies are related to the first group of studies:

The (Lepping et al., 2013) study aimed to identify the prevalence of violence against employees in the medical healthcare sector in the United Kingdom and their impact on the healthcare staff.

The (Kylie M et al., 2012) study aimed to explore the knowledge from the committee of experts to develop the possible ways and different solutions to reduce the occupational risks against the nurses who work in remote areas.

The (Samir N et al., 2010) study aimed to identify the different types of violence against nurses who work in the obstetrics and gynecology departments, and evaluated their interaction and attitudes in these issues.

The (Pinar et al., 2010) study aimed to identify the perception of verbal and physical violence and the related factors experienced by Turkish nurses in emergencies departments, and identify the violence types against these nurses.

The (Esmaeilpourl et al., 2010) study aimed to find the frequency and nature of physical and verbal workplace violence against Iranian nurses who work in emergency departments.

One of the studies conducted by (Sibbald, 1998) in the general Vancouver hospital, Canada showed that (90%) of the incidents of abuse and violence took place in the emergency or psychiatric department, and that (13%) of the violence cases were referred to the police stations to deal directly with this violence. This study showed that the risk of violence follows the doctors to their houses as well as some showed in the past (10) years many doctors have been killed in their homes so the doctors (respondents) of that study suggested that doctors should not mention their home addresses or phone numbers in their working place.

In the USA a study for (Gates et al., 2006) under the title violence against emergency department's workers, the study shows that through 6 months around (96%) of the emergency doctors they were verbally assaulted, and (51%) of doctors have been physically assaulted. Also, one study by (Tolhurst et al., 2003) shows that around (73%) of doctors who work in general clinics were verbally and physically assaulted during performing their work.

The Gillespie study (2008) found that physicians in mental health emergencies are exposed to physical violence by patients with (76%) and from patients relatives around (24%) and verbal violence by members of the patient's family (82%) and patients themselves around (18%).

The situation is becoming worse due to increasing job dissatisfaction and fear of being humiliated. Physicians are becoming anxious, depressed and committing suicide (Jawaid SA, 2015).

Researcher	Country	Inspected period	Total violence		Exposed violence type			
					Physical		Verbal	
			N	%	N	%	N	%
Miedema *et al. 2010*[18]	Canada	Career	759	98.0	302	39.0	580	75
Mayhew *et al. 2003*[19]	Australia	Last 1 year	400	100.0	131	32.7	400	100.0
Palácios *et al. 2003*[20]	Brazil	Last 1 year	732	46.7	100	6.4	619	39.5
Tomev *et al. 2003*[21]	Bulgaria	Last 1 year	341	67.2	38	7.5	164	32.2
Steinman *2003*[22]	S. Africa	Last 1 year	619	61.0	172	17.0	609	60.1
Ferrinho *et al. 2003*[23]	Portugal	Last 1 year	209	60.0	12	3.0	177	51.0
Sripichyakan *et al. 2003*[24]	Thailand	Last 1 year	589	54.0	110	10.5	520	47.7
Franz *et al. 2010*[25]	Germany	Last 1 year	-	-	87	70.7	110	89.4
Drabek *et al. 2007*[26]	Poland	Last 1 year	-	-	203	17.0	1046	90.0

The above table shows the results of some research studies on violence against health care workers over the world.In a study in which 186 psychiatrists participated in Istanbul, 71% psychiatrists were at least once exposed to verbal or physical violence during their professional life, 48.4% were exposed to both types of violence, 19.9% were exposed to just verbal violence, and 2.7% were exposed to physical violence only. In addition, approximately half of the participants stated that violence was a normal part of their profession, while only 5% of them reported this. The results of some research studies investigating violence against health care workers in Turkey "(Altinbaş et al., 2011).

Study location, period	Percentage and types of violence
Findorff, McGovern, Wall, & Gerberich et al., 2005 US, MN	53% physical or non physical 50.4 % verbal aggresion 7.2% physical aggression
Winstanley& whittington, 2004 UK	68.3% verbal aggresion 23.2 % threatening 26.9% physical aggression
Whittington, Shuttleworth &Hill, 1996 UK	50% verbal 25% threatening 27% physical
Chapman, Style, Perry, & Combs, 2009 Australia	92% verbal 69% threatening 52% physical
Roche,Diers,Duffield, &Catling-Paull, 2010 Australia	38.2% verbal 20.8% threatening 14.4% physical
Duncan et al., 2001 Alberta & British Columbia	46%>1 type of violence 19% threatening 18% physical aggression
Hesketh et al., 2003 Albert & British Columbia	54.2 %> 1 type of violence

The above table shows the results of different studies that have been done in different locations to measure the types and the percentage of different forms of violence against the employees who work in the healthcare sector (Hospital Workplace Violence Exposure: by types of violence and time Period).

In a study conducted on staff working in the emergency service in Denizli in 2003, 88.6% of participants were exposed to or witnessed one or the other kinds of violence in the past year, and 49.4% were exposed to or witnessed physical violence in the past year. According to the participants, the most common reason of violence was the use of alcohol and substance of abuse by patients, while the second reason was long

waiting periods. In addition, 36.1% of the participants reported that they experienced psychological problems after the incident (Boz B et al., 2003).

In a study conducted in Samsun on 522 general practitioners in 2006, 82.8% of physicians reported that they had been exposed to violence at least once in their professional life. The most common type of violence was verbal violence. Women were exposed to verbal and sexual violence more than men, and men were exposed to physical violence more than women. The reason for the violence was that they rejected the demands that could not be accepted (Aydin B et. al., 2009).

2.2 These studies are related to the second group of studies:

One of the related studies conducted in Kuwait (Abdul MajeedAlhashem et al., 2011) to measure the quality of health care services patient satisfaction is used as one of the most important indicators. The study aims to identify factors affecting patient's satisfaction at primary health care clinics. The majority (87 percent) of the patients responded that the time for communication between physician and patient was not enough. Seventy-nine-percent of the surveyed patients said they would go to the emergency room of the hospital in future if needed instead of going to the primary care clinic. Regarding the quality of the communication relationship between physician and patients most of the patients responded negatively.

The (Halim, 1997) study measured the factors related to the satisfaction of the services provided to the patient in the Jordanian hospitals, the study has reached the following results which are: the cleanliness of the hospital, the type of hospital (public vs. private), health insurance, and the treatment of hospital staff are the most important reasons for achieving patient's satisfaction.

There are many important factors to achieve the patient's satisfaction such as the ability of doctors to communicate with the patients and to take care of them (Cleary and Barbara, 1988).

Some studies have showed that the reduction of the patient's tension and achieved the patients satisfaction can be achieved through the positive interaction of the doctor with his patients. Also some studies have shown that the trust between doctors and his patients play an important role in patient's satisfaction more than any other factor (Robertson et al., 2008).

Another study by Mary Ann under the title "violence against doctors", stated that the trust between doctors and patients was one of the main factors behind the violence against healthcare employees, the study has shown that around (519) doctors out of (697) have exposed verbal or physical violence. Another study by (Wang, 2010) stated that one of the most important factors behind violence against doctors is the low level of positive communication and nature of the words used by doctors and patients.

In 2004, Berlinger concluded that a patient's stereotypical and the motivation for the physician in terms of his adequacy, respect, sincerity and good communication leads to reduce and eliminate the different types of violence.

Some studies have shown that the patient's confidence in his doctor reflects on the patient's health as well as on his psychological and emotional state. The ability of doctors to understand the cultural values of the patient in order to achieve effective communication and high quality relationship with the patient and work on the patient's comfort and sincerity, honesty and adequacy plays the main role to reduce the reasons behind the different types of violence (Schouten et al., 2006).

Doctors make judgment calls when selecting a particular treatment plan among the many options that may exist. Sometimes the decision may prove unfruitful, but not be a deviation in the standard of care until the experts agreed about the malpractice or negligence (Ahasan HAMN, Das A, 2014).

Social learning of violence is a matter of concern. The shameful attitude and lack of appropriate initiative from the doctors associations is frustrating doctors and encouraging the health sector terrorists (Sadock BJ, Kaplan HI, Sadock VA, 2007).

The violence against doctors has not been dealt with in both groups of studies, whether for patient satisfaction or trust in the doctor (as independent variables). Notwithstanding the importance of these studies in shedding light on certain aspects of violence against healthcare staff, what distinguishes the current study from the other studies is that the current study focused on exploring the reasons behind the violence against doctors, common places of violence in the healthcare center, find the more repeated violence types, and finally suggesting some solutions and recommendations to reduce this violence.

III. Methodology And Data Analysis

In this study the quantitative research approach was used, this approach was adopted due to the nature of the research. The quantitative research methodology is one of the best approaches to study the results of the researches, which are based on the questionnaire to collect data and then process them in a statistical manner.
This methodology depends mainly on the accurate aggregation of information and the data related to the sample of the study within a specified period of time and then processing these data through an appropriate statistical program (SPSS), and ensure that the objectives of the study have been achieved.

To achieve the goals of the study two main types of data have been used:

The primary data has been collected using the questionnaire as the main tool to collect general data and information related to the research objectives, as well as to collect some demographical information related to the sample of the study, then using the SPSS software program to analyze these data.

The secondary data has been used to collect as much as possible of general data and information related to the research topic domain to build a strong base for the conducted research was done by revising the articles, thesis, studies, websites that dealt with the subject of the conducted research "the violence against doctors in the healthcare centers".

The sample of study consists of (200) doctors of the population of the study from different departments in Benghazi Medical Center and distributionof the sample of study according to departments came as follows: 48 doctors from emergency department, 48 doctors from orthopedics department, 34 doctors from the general surgery department, 30 doctors from pediatric department, 34 doctors from the internal medicine department and 6 doctors from other departments.

The demographical information characteristics of the study sample will be shown in the following tables:

a. Gender:

The following table shows the distribution of the sample study according to the gender, the table shows that (81%) of the sample study are males with (162) frequency out of (200), as well as the table shows that (19%) of the sample study are females with (38) frequency out of (200) and it is clear from the results of this table that the majority of the study sample are males.

Table 3.1: The distribution of the study sample by gender.

Gender				
The gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	162	81.0	81.0	81.0
Female	38	19.0	19.0	100.0
Total	200	100.0	100.0	

b. Age:

The following table shows the distribution of the study sample according to the age. As the table shows that the age was asked by 4 different intervals, so the study sample members can choose their ages by choosing the suitable interval. The table shows that (29%) of the study sample are between the interval (25-34 years) with (58) frequencies, (27%) of the study sample are between the interval (35-44 years) with (54) frequencies, (24%) of the study sample are between the interval (45-54 years) with (48) frequencies, (20%) of the study sample are between the interval (more than 55 years) with (20) frequencies.

The table shows that the majority of the study sample are doctors whose ages in the interval (25-34).

Table 3.2: The distribution of the study sample by age.

Age				
age	Frequency	Percent	Valid Percent	Cumulative Percent
25-34 Years	58	29.0	29.0	29.0
35-44 Years	54	27.0	27.0	56.0
45-54 Years	48	24.0	24.0	80.0
More Than 55 Years	40	20.0	20.0	100.0
Total	200	100.0	100.0	

c. Educational Level:

The following table shows the distribution of the study sample according to the educational level. The distribution table shows that the educational level was shown in three different three levels (Bachelor, Master, Ph.D.), and the majority of educational level in the study sample were the doctors who hold bachelor degree with (88%) and (176) frequencies out of (200), the master educational level came second with (9%) and (18) frequencies out of (200), finally the Ph.D. educational level came third with (3 %) and (6) frequencies out of (200).

Table 3.3: The distribution of the study sample by educational level.

Educational level				
Educational level	Frequency	Percent	Valid Percent	Cumulative Percent
Bachelor	176	88.0	88.0	88.0
Master	18	9.0	9.0	97.0
PhD	6	3.0	3.0	100.0
Total	200	100.0	100.0	

d. Years of Experience:

The following table shows the distribution of the study sample according to the years of experience. The table shows that this question was formulated in 4 different periods of experience (Less than 5 years, 5-10

years, 11-15 years, More than 15 years). According to this variable, the distribution was as following: the interval of experience (11- 15 years) came first with (32%) and (64) frequencies out of (200), the interval of experience (5 -10 years) came second with (31%) and (62) frequencies out of (200), the interval of experience (More than 15 years) came third with (20%) and (20) frequencies out of (200), finally the interval of experience (less than 5 years) came fourth with (17%) and (34) frequencies out of (200).

Table 3.4: The distribution of the study sample by years of experience.

Years of experience				
Years of experience	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 5 Years	34	17.0	17.0	17.0
5-10 Years	62	31.0	31.0	48.0
11-15 Years	64	32.0	32.0	80.0
More than 15 Years	40	20.0	20.0	100.0
Total	200	100.0	100.0	

e. Department:

The following table shows the distribution of the study sample according to the department variable and the results came as following: the emergency and orthopedics departments came first with (24%) and (24) frequencies out of (200) for both departments, the general surgery department and the internal medicine department came second with (17%) and (34) frequencies out of (200) for both departments, the pediatric department came third with (15%) and (30) frequencies out of (200), the other department came fourth with (3%) and (6) frequencies out of (200) of the study sample.

Table 3.5: The distribution of the study sample by department.

Department				
Department	Frequency	Percent	Valid Percent	Cumulative Percent
Emergency department	48	24.0	24.0	24.0
Orthopedics department	48	24.0	24.0	48.0
General surgery department	34	17.0	17.0	65.0
Pediatric department	30	15.0	15.0	80.0
Internal medicine department	34	17.0	17.0	97.0
Other department	6	3.0	3.0	100.0
Total	200	100.0	100.0	

The questionnaire has been used as the main tool to collect data and information related to the study objectives, and the questionnaire has been adopted according to many previous researches and findings that dealt with the research domain, then the final form of the questionnaire as you can see in the appendix was formulated. The questionnaire contains two main parts, the first part deals with the sample study demographical information, and the second part deals with the domain research questions. The Likert Scale has been used on some questionnaire answers:

Table 3.6: Likert scale.

The strength level	No.
Strongly agree	5
Agree	4
Neutral	3
Disagree	2
Strongly disagree	1

The Cornbrach's Alpha test was used to measure the reliability and the stability of the questionnaire questions (the ordinal questions), and the values as the following table shows were (0.812) for all the questionnaire questions and this value is very strong value which supports the researcher to be confident to carry on his research on the questionnaire questions. The internal validity is intended to determine the consistency of each paragraph of the questionnaire with the area to which this paragraph belongs. The researcher calculated the internal consistency of the questionnaire by calculating the correlation coefficients between each paragraph of the questionnaire areas and the total score of the same area.

Table 3.7: Reliability test.

Reliability Statistics	
Cronbach's Alpha	N of Items
0.812	15

Table 3.8: The study sample responds to the first question paragraph "The occupational health and safety management".

Paragraphs	Respondents	Frequency	Percent	Direction
Failure of the doctor to diagnose the disease or give a medicine or surgery error.	Strongly agree	20	10.0	Strongly disagree
	Agree	47	23.5	
	Neutral	15	7.5	
	Disagree	54	39.5	
	Strongly disagree	64	19.5	
Maltreatment of the doctor's staff to the patient or his/her family.	Strongly agree	20	10.0	Strongly disagree
	Agree	47	23.5	
	Neutral	15	7.5	
	Disagree	54	27.0	
	Strongly disagree	64	32.0	
The patient and his/her family are unaware of the laws stipulated in hospitals or clinics.	Strongly agree	39	19.5	Agree
	Agree	96	48.0	
	Natural	20	10.0	
	Disagree	20	10.0	
	Strongly disagree	25	12.5	
The weakness of the deterrent laws that prevent this issue.	Strongly agree	69	34.5	Disagree
	Agree	35	17.5	
	Natural	-	-	
	Disagree	81	40.5	
	Strongly disagree	15	7.5	
Haste and absence of dialogue language.	Strongly agree	45	22.5	Agree
	Agree	75	37.5	
	Natural	65	32.5	
	Disagree	-	-	
	Strongly disagree	15	7.5	
Failure to apply regulations and instructions fairly in hospitals.	Strongly agree	44	22.0	Disagree
	Agree	47	23.5	
	Natural	28	14.0	
	Disagree	66	33.0	
	Strongly disagree	15	7.5	
The feeling that violence is a means of achieving goals.	Strongly agree	54	27.0	Agree
	Agree	106	53.0	
	Natural	40	20.0	
	Disagree	-	-	
	Strongly disagree	-	-	
The poor role of security and safety department inside the hospital.	Strongly agree	44	22.0	Disagree
	Agree	60	30.0	
	Natural	15	7.5	
	Disagree	66	33.0	
	Strongly disagree	15	7.5	
The leniency in the application of penalties to the perpetrators of violence inside the hospital.	Strongly agree	69	34.5	Strongly agree
	Agree	60	30.0	
	Natural	15	7.5	
	Disagree	41	20.5	
	Strongly disagree	15	7.5	
Lack of care from the doctor to his/her patient.	Strongly agree	44	22.0	Disagree
	Agree	22	11.0	
	Natural	15	7.5	
	Disagree	66	33.0	
	Strongly disagree	53	26.5	
Delay in investigations of incidents and issues related to violence against doctors in hospitals.	Strongly agree	20	10.0	Agree
	Agree	85	42.5	
	Natural	15	7.5	
	Disagree	41	20.5	
	Strongly disagree	39	19.5	
Mismanagement of hospitals by the ministry of health.	Strongly agree	20	10.0	Disagree
	Agree	47	23.5	
	Natural	40	20.0	
	Disagree	54	27.0	
	Strongly disagree	39	19.5	
Long working hours.	Strongly agree	82	41.0	Strongly agree
	Agree	81	40.5	
	Natural	24	12.0	
	Disagree	-	-	
	Strongly disagree	13	6.5	
The large number of patients compared to the small number of	Strongly agree	120	60.0	Strongly agree

	Agree	56	28.0	
	Natural	24	12.0	
	Disagree	-	-	
	Strongly disagree	-	-	
Low socioeconomic status of patients.	Strongly agree	20	10.0	Agree
	Agree	74	37.0	
	Natural	69	34.5	
	Disagree	19	9.5	
	Strongly disagree	18	9.0	

The following table shows the value of Cronbach's Alpha for each question. The table shows that all the questions have a strong value which indicates the high level of liability to carry on the research on the questionnaire questions.

Table 3.9: Reliability test for each question.

Reliability test for each question				
Causes of violence	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Failure of the doctor to diagnose the disease or give a medicine or surgery error.	36.45	78.901	.581	.789
Maltreatment of the doctor's staff to the patient or his/her family.	36.32	77.003	.612	.786
The patient and his/her family are unaware of the laws stipulated in hospitals or clinics.	37.32	94.669	-.090-	.836
The weakness of the deterrent laws that prevent this issue.	37.11	77.612	.549	.791
Haste and absence of dialogue language.	37.47	89.688	.161	.817
Failure to apply regulations and instructions fairly in hospitals.	36.99	74.603	.783	.773
The feeling that violence is a means of achieving goals.	37.87	96.801	-.240-	.829
The poor role of security and safety department inside the hospital.	37.06	76.957	.661	.782
The leniency in the application of penalties to the perpetrators of violence inside the hospital.	37.43	75.553	.718	.778
Lack of care from the doctor to his/her patient.	36.49	75.970	.597	.786
Delay in investigations of incidents and issues related to violence against doctors in hospitals.	36.83	78.055	.595	.788
Mismanagement of hospitals by the ministry of health	36.57	77.040	.683	.781
Long working hours	37.89	90.380	.127	.819
The large number of patients compared to the small number of doctors	38.28	91.256	.171	.814
Low socioeconomic status of patients	37.09	90.866	.100	.820

The main hypothesis: There are no statistically significant differences at the significance level ($0.05 \geq \alpha$) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the demographical information (Gender, Educational level, Years of experience, Department).

First hypothesis: There are no statistically significant differences at the significance level ($0.05 \geq \alpha$) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Gender variable.

H0: There are no statistically significant differences at the significance level ($0.05 \geq \alpha$) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Gender variable.

H1: There are statistically significant differences at the significance level ($0.05 \geq \alpha$) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Gender variable.

The independent T-test was used to test the previous hypothesis. The following table shows that there are no statically significant differences at significance level ($0.05 \geq \alpha$) in the reasons of violence against doctors who work in healthcare sector in Benghazi Medical Center according to the gender variable, as the value of "t" does not equal the significant level, so we accept the null hypothesis (H0).

Table 3.10: Independent sample's t-test to explore the violence reasons according to gender.

The field	gender	mean	Std. Deviation	t-test	sig
Causes of violence	male	4.49	1.199	-0.286	0.577
	female	2.71	1.211		

Second hypothesis: There are no statistically significant differences at the significance level (0.05≥α) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Educational level variable.

H0: There are no statistically significant differences at the significance level (0.05≥α) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Educational level variable.

H1: There are statistically significant differences at the significance level (0.05≥α) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Educational level variable.

The One Way ANOVA test was used to test the previous hypothesis. The following table shows that there are no statically significant differences at significance level (0.05≥α) in the reasons of violence against doctors who work in healthcare sector in Benghazi Medical Center according to the education level variable, as the value of "f" more than the significant level, so we accept the null hypothesis (H0) as the test result doesn't show any differences between the doctor's educational levels perspective to the reasons of violence against doctors in the healthcare sector.

Table 3.11: One Way ANOVA test to explore the reasons of violence according to the educational level.

The field	Educational level	mean	Std. Deviation	f	sig
Causes of violence	bachelor	2.61	1.217	1.382	.392
	master	2.95	1.115		
	PhD	2.38	0.997		

Third hypothesis: There are no statistically significant differences at the significance level (0.05≥ α) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Years of Experience variable.

H0: There are no statistically significant differences at the significance level (0.05≥ α) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Years of Experience variable.

H1: There are statistically significant differences at the significance level (0.05≥ α) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Years of experience variable.

The One Way ANOVA test was used to test the previous hypothesis. The following table shows that there are no statically significant differences at significance level (0.05≥α) in the reasons of violence against doctors who work in healthcare sector in Benghazi Medical Center according to the years of experience variable, as the value of "f" more than significant level, so we accept the null hypothesis (H0) as the test result does not show any differences between the doctor's years of experience perspective to the reasons of violence against doctors in the healthcare sector.

Table 3.12: One Way ANOVA test to explore the reasons of violence according to the years of experience.

The field	The years of experiences	mean	Std. Deviation	f	sig
Causes of violence	Less than 5 years	2.73	1.214	1.289	0.384
	From 5 to 10 years	2.58	1.252		
	From 11 to 15 years	2.84	1.213		
	More than 15 years	2.78	1.330		

Fourth hypothesis: There are no statistically significant differences at the significance level (0.05≥α) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Department variable.

H0: There are no statistically significant differences at the significance level (0.05≥α) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the department variable.

H1: There are statistically significant differences at the significance level (0.05≥α) in the reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center according to the Department variable.

The One Way ANOVA test was used to test the previous hypothesis. The following table shows that there are no statically significant differences at significance level (0.05≥α) in the reasons of violence against

doctors who work in healthcare sector in Benghazi Medical Center according to the department variable, as the value of "f" more than the significant level, so we accept the null hypothesis (H0) as the test result doesn't show any differences between the doctor's departments perspective to the reasons of violence against doctors in the healthcare sector.

Table 3.13: One Way ANOV test to explore the reasons of violence according to the departments.

The field	Department	mean	Std. Deviation	F value	sig
Causes of violence	Emergency department	2.74	1.236	1.157	0.4808
	Orthopedics department	2.63	1.208		
	General surgery department	2.47	1.083		
	Pediatric department	2.66	1.250		
	Internal medicine department	2.68	1.269		
	Other department	3.00	1.049		

3.1 Answers of the research questions

Q1. What are the main reasons of violence against doctors who work in the healthcare sector in Benghazi Medical Center?

The following table shows the sample study perspective to the common reasons of violence. This table was measured by counting the number of "Agree" and "Strongly agree" versus the different reasons of violence, and the results came as the table shows: The reason of a large number of patients compared to the small number of doctors came first as the most reason of violence against healthcare doctors in Benghazi Medical Center with "176" frequencies of the study sample picked this reason; while the reason of the lack of care from the doctor to his/her patient was the least common reason for violence against healthcare doctors with "66" frequencies from the study sample.

Table 3.14: The main causes of violence

The causes of violence	**frequency**	**Percent %**
The large number of patients compared to the small number of doctors.	176	88.0%
Long working hours.	163	81.5%
The feeling that violence is a means of achieving goals	160	80.0%
The patient and his family are unaware of the laws stipulated in hospitals or clinics	135	67.5%
The leniency in the application of penalties to the perpetrators of violence inside the hospital	129	64.5%
Haste and absence of dialogue language.	120	60.0%
Delay in investigations of incidents and issues related to violence against doctors in hospitals	105	52.5%
The weakness of the deterrent laws that prevent this issue	104	52.0%
The poor role of security and safety department inside the hospital	104	52.0%
Low socioeconomic status of patients	94	47.0%
Failure to apply regulations and instructions fairly in hospitals	91	45.5%
Failure of the doctor to diagnose the disease or give a medicine or surgery error	67	33.5%
Maltreatment of the doctor's staff to the patient or his/her family	67	33.5%
Mismanagement of hospitals by the ministry of health	67	33.5%
Lack of care from the doctor to his/her patient	66	33.0%

Q2. What are the forms of violence against doctors who work in the healthcare sector in Benghazi Medical Center?

To answer this question, a questionnaire was distributed to the study sample to ask them about the most common types of violence they experienced while working in Benghazi Medical Centre, and the answer of this question came as follows: the form of destruction of the building, property and medical equipment came first with (17%) and frequencies (122), the physical assaults came second with (16.3%) and frequencies (116), the threats of assaults came third with (15.5) and frequencies (110), the assaulting the private property of doctors (e.g., car, telephone) came fourth with (12.4%) and frequencies (88), offensive language and abuses came fifth with (11.8%) and (84) frequencies, disrupting the hospital routine and treatment of other patients in emergency or non-emergency cases came sixth with (10.4%) and frequencies (74), homicidal attacks came seventh with (9.0%) and frequencies (64), and finally the attempted revenge from the doctor by disturbing them in their places of residence came last with (7.3%) and frequencies (52).

Table 3.15: Types of violence.

Forms of Violence	Responses		Percent of Cases
	N	Percent	
Destruction of building, property and medical equipment.	122	17.2%	61.6%
Physical assaults.	116	16.3%	58.6%
Threats of assaults.	110	15.5%	55.6%
Assaulting the private property of doctors (e.g., car, telephone).	88	12.4%	44.4%
Offensive language and abuses.	84	11.8%	42.4%
Disrupting the hospital routine and treatment of other patients in emergency or non-emergency cases.	74	10.4%	37.4%
Homicidal attacks.	64	9.0%	32.3%
Attempted revenge from the doctor by disturbing them in their places of residence.	52	7.3%	26.3%
Total	**710**	**100.0%**	**358.6%**

Q3. What are the most common departments where doctors who work in the healthcare sector are exposed to violence in Benghazi Medical Center?

To answer this question, a questionnaire was distributed to the study sample to ask them about the most common places where they experienced violence while working in Benghazi Medical Centre and the answer to this question came as follows: the surgical wards came first with (21.7%) and frequencies (142) and this can be explained by the fact that most of the patients in this section require special care and accuracy in the treatment, and any mistakes in conducting surgical operations for patients, wrong diagnoses, or any medical mistakes by the medical staff may lead to violence from the relatives of patients, the emergency rooms came second with (20.2%) and frequencies (132) and this could be due to the nature of the cases that come to the emergency department, as most of them are critical cases that need special care and require the urgent presence of doctors of the same specialty for different medical cases; therefore, the absence or delay of a doctor to deal with any critical medical conditions may lead to violence and assault on the property of the hospital from the patient's companions, the waiting room came third with (14.1%) and frequencies (92), nursing stations came forth with (12.5%) and frequencies (82), clinics came fifth with (11.9%) and frequencies (78), consulting rooms came sixth with (10.1%) and frequencies (66), and finally the operating rooms came seventh as the least common places of violence with (9.5) and frequencies (62).

Table 3.16: Most common places of violence.

Place of Violence	Responses		Percent of Cases
	N	Percent	
Surgical wards	142	21.7%	71.7%
Emergency rooms	132	20.2%	66.7%
Waiting rooms	92	14.1%	46.5%
Nursing stations	82	12.5%	41.4%
Clinics	78	11.9%	39.4%
Consulting rooms	66	10.1%	33.3%
Operating rooms	62	9.5%	31.3%
Total	**654**	**100.0%**	**330.3%**

Q4. What are the best suggestions to reduce the violence against doctors who work in the healthcare sector in Benghazi Medical Center?

The answer to this question from the study sample perspective came as the follows: the most common suggestions to reduce the violence against doctors who work in Benghazi Medical Centre were: to increase the number of security guards and increase the controlling and monitoring systems such as cameras and alarm systems with (14.9%) and frequencies (124), employ qualified doctors to avoid the problem of medical errors towards patients came second with (13.0%) and frequencies (108), increase the medical staff to adequately meet the needs of all respondents and patients and imposing severe penalties on anyone who tries to assault doctors staff at the hospital came third with (12.0%) and frequencies (100), aligning incentives with quality of service provided in healthcare facilities came forth with (11.8%) and frequencies (98), setting up a reasonable academic promotion mechanism for health professionals based on merit and competence came fifth with (10.4%) and frequencies (86), use the dialogue method between doctor and patient came sixth with (9.6%) and frequencies (80), hold training sessions and conferences on how to treat patients and reviewers in anger situations came seventh with (8.7%) and frequencies (72), and finally raising the level of services in public hospitals such as providing high quality medical devices and providing enough beds for all patients came at the last with (7.5%) and frequencies (62).

Table 3.17: Suggestions to reduce the violence.

Suggestions to reduce the violence	Responses		Percent of Cases
	N	Percent	
Increase the number of security guards and increase the controlling and monitoring systems such as cameras and alarm systems.	124	14.9%	62.0%
Employ qualified doctors to avoid the problem of medical errors towards patients	108	13.0%	54.0%
Increase the medical staff to adequately meet the needs of all respondents and patients.	100	12.0%	50.0%
Imposing severe penalties on anyone who tries to assault doctors staff at the hospital	100	12.0%	50.0%
Aligning incentives with quality of service provided in healthcare facilities.	98	11.8%	49.0%
Setting up a reasonable academic promotion mechanism for health professionals based on merit and competence.	86	10.4%	43.0%
Use the dialogue method between doctor and patient.	80	9.6%	40.0%
Hold training sessions and conferences on how to treat patients and reviewers in anger situations.	72	8.7%	36.0%
Raising the level of services in public hospitals such as providing high quality medical devices and providing enough beds for all patients.	62	7.5%	31.0%
Total	**830**	**100.0%**	**415.0%**

IV. CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

This study has been conducted in Benghazi Medical Center in Libya which includes (200) medical doctors who work in this medical center. This study aimed to determine the main reasons behind the violence against medical doctors who work in healthcare sector, the more common types of violence, the most common departments where the doctors are exposed to violence, and finally, to find the best suggestions from the study sample's perspective to decrease the violence against the medical doctors who work in health sector. All of the previous requirements have been determined through a questionnaire that has been designed upon the previous goals, and then this questionnaire was distributed to the study sample to evaluate their experiences in different types of violence during performing their daily work.

The main objective of this study can be summarized as follows: to create a safe working environment free of the various types of violence and that can be inflicted on the doctors during the exercise of their duties. The aim of the study is to strengthen the role of the doctor and improve the relationship with patients by identifying the underlying causes of this violence and try to avoid these reasons that increase the degree and the extent of violence; therefore, the study has presented suggestions to control and reduce the degree of violence against doctors who work in healthcare sector.

The study showed that the violence against doctors has a great negative impact on the society, and due to the sensitivity of the doctor's work, the doctors must enjoy a high degree of safety while practicing their work, and the government procedures must protect them from all types of violence that can affect their ability to perform their work normally.

This study and other studies that deal with the same research topic have found that the lack of a high degree of safety in the healthcare sector may increase the negative pressure and stress on the doctor, which may lead to many medical mistakes.

This study presented a number of suggestions that the country and the government should follow to reduce the violence against doctors in the field of healthcare, which will have a positive role in raising the level of medical services. The study showed that some of the reasons leading to violence are caused by the patients and their companions, while some of the study sample showed that some of these reasons are due to how the work is managed within the hospitals and the high numbers of patients compared with the numbers of doctors.

The study also revealed that there is no relation to the socioeconomic status of the patients and increasing the causes of violence in some societies. This study showed that this reason was not significantly degraded from the perspectives of the study sample. This result was confirmed by a number of other studies in Europe and Turkey, where there was no relations between low socioeconomic statuses of societies in increasing of violence against medical doctors.

This study has shown that the long working hours as one of the main reasons that may lead to violence against doctors, as working for long hours leads to mental and psychological pressure, this may lead to the inability of the doctor to diagnose the medical cases in the appropriate way, which could be a major cause of violence.

The results of this study has shown that the surgery and emergency departments have the highest violent incidents compared with other departments, and that could be related to the high-stress level in these departments, as most of the cases that come to these departments are cases with critical issue that need special care, and the urgent presence of the specialist doctor, this may create a psychological pressure on the patient's companions, and leads to the use of violence as a means to achieve the goal.

The main objective of occupational health and safety management is to provide a working environment free of all kinds and risks that may affect the worker and his work performance.This may contribute to improve

the performance and increase the production, and this will improve the economic level at the individual level and at the level of the country as a whole.

Violence is one of the reasons that affect the performance of doctors on a normal basis, and providing a safe environment free of violence is a key factor in improving the performance of the doctors, and a key driver of the development and prosperity of the country; therefore, the absence of this component negatively affects the nature of this profession and its sensitivity, and this negative effect is reflected on the entire society.

Finally, the violence against medical doctors who work in healthcare sectors is not related only to doctors who work in poor societies and developing countries. Some studies conducted in Europe, Australia, North America and other developed countries have shown that there are high levels of violence against doctors and health sector in the modern and the high socioeconomic societies.

4.2 Recommendations

In this section some suggestions and recommendations will be given to decrease the violence against healthcare staff:

- The need for officials in hospitals to take the necessary steps to limit the factors contributing to the violence against medical personnel through the activation of disciplinary laws against the perpetrators of violence, and the development of more stringent laws for possible violations.
- Combating the government hospitals for nepotism at all levels, both administrative and academic, and imposing the necessary penalties for those who practice nepotism in the hospitals.
- Creation of private offices to receive complaints by medical and administrative staff in the management of the hospital and its departments, which be addressed to committees that will speed up the processes to resolve the issues, and activate the role of the union in this regard.
- Managers need to understand that a change in policy can be implemented only when the manager becomes a service model, in which he or she serves the patients and companions and the hospitals' employees.
- Any violent event must enter a transparent reporting system as well as providing a progressive framework as lesson learning. In addition; violence prevention and management programs should be incorporated into standard organizational procedures such as worker evaluations, service promotion projects, etc.
- The local government and Ministry of Health should provide the Libyan Healthcare Centers with well-trained security personnel and encourage healthcare workers to report any violent incidents and to bring the assailants to justice.
- Imposing severe penalties on the convicted criminals who are convicted of inflicting any type of violence in the health care centers.

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WalidMenesi, Ali Tatar, Niyazi Perk, Mehmet Nesip Öğün, "Violence against Doctors in Healthcare Centers Case Study: "Benghazi Medical Center". "International Journal Of Engineering Science Invention (IJESI), Vol. 08, No. 01, 2019, Pp 57-71