

Prevalence of Workplace Violence among Trainee Residents in King Abdulaziz University Hospital (KAUH), and Its Impact to Job Outcome

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ABSTRACT

Introduction: Work place violence (WPV) and gender discrimination considered as a worldwide dilemma. Workers in healthcare sectors believed to be at high risk. According to our knowledge, only few researches were done regarding it in the western region of Saudi Arabia (SA).

Objectives: Current work aims to measure the prevalence of WPV and gender discrimination in KAUH among trainee residents, and its impact on their job outcomes. Also, to assess participants awareness, and tendency to report.

Materials and Methods: A cross-sectional study included 150 of trainee residents who are working in KAUH for the previous 12 months. Modified comprehensive questionnaire published by WHO used as the main measuring tool of violence nature. Copenhagen Psychosocial Questionnaire (COPSOQ II) used to assess their job outcomes.

Results: 84.6% of the residents experienced at least one kind of violence. Verbal violence was the most prevalent with 74% of the study sample. Statistically significant association between verbal, physical violence and burnout were proved. And, there were statistically significant evidences support the relationship between physical violence, gender discrimination and resident's job satisfaction. Also, there were significant differences between their potency to leave the job with physical

violence, and gender discrimination. However, incidence reported by the participants were only 21%.

Conclusion: The prevalence of violence is quite high in KAUH, especially verbal violence. To provide a convenient environment for health care employees, residents and employees should be more aware of their rights, policies and encouraged to report any kind of violence they could face.

Key Words: Workplace Violence, Abuse, Burnout, Job Satisfaction.

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INTRODUCTION

Workplace violence (WPV) in health care organizations refers to violence in the form of threat or physical abuse that may lead to psychological, physical or even gender discrimination to health care providers on duty.^{1,2} World health organization (WHO) defines WPV as: "Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health".³ Previous studies

reported that workers in healthcare sectors are at high risk for WPV.⁴

Several studies focused on WPV in healthcare settings in different countries showed high prevalence world widely. A recent study conducted in 2017, Through China, found that; (76.2%) of doctors have been experienced at least one type of violence.¹ Another study among doctors in a tertiary care hospital in Delhi, in 2016, mentioned that (40.8%) of participants have been exposed to

violence in the previous 12 months.² Occupational Safety & Health Administration (OSHA) in the United States (US), reported (25,630) case of WPV happened in 2013 within healthcare facilities.⁵

Local studies also reported a high incidence of WPV. One of the studies took place in Abha, in 2018, found that (57.5%) of healthcare workers suffered from violence at least once. Another research took place in 2010, was done by the National Guard Organization in Riyadh, Alhassa, and Jeddah among residents, found that 83.6% of responded residents have been experienced WPV.⁶ In King Abdulaziz University Hospital (KAUH), Researchers found that (90.9%) of interns perceived some form of violence, in 2013.⁷ While in 2009, in AL-Hassaa, only (28%) of health organization employees experienced violence throughout the last year.⁸ Verbal violence includes; forcefully criticize, insult or denounces by someone else, is the most common type of violence, followed by Physical abuse which refers to use of physical force against another person, and results in physical, psychological or sexual harm to him. It involves; (beating, kicking, slapping, stabbing, pushing, biting, and or pinching), and few gender discrimination incidences.^{1,5,6,8,9}

According to our knowledge, only a few types of research were done about WPV and gender discrimination in the western region of Saudi Arabia (SA). That short of knowledge encouraged us to do this research in KAUH, in order to understand local health practice community and the conflicts that workers may face by working in the health sector. Trainee residents daily interact with different categories of the population including their superiors, patients, and colleagues. This fact may lead to putting them at a high risk of WPV and/or gender discrimination.

Current work aims to assess the prevalence of WPV and gender discrimination among trainee residents and its effect on their job outcomes.

OBJECTIVES

Research conducted to measure the prevalence of WPV and gender discrimination in KAUH among trainee residents in major specialties: (Internal Medicine, General Surgery, Obstetrics-Gynecology (OB/GYN), and Pediatric), determine the type of

violence among trainee residents, and the impact of WPV and gender discrimination on their job outcomes. Investigations aimed to identify risk factors, differences in between specialties. And finally, to assess participants awareness, tendency to report, as well as the barriers and reasons for not reporting.

MATERIALS AND METHODS

This cross-sectional study design included 150 of trainee residents who are working in KAUH for the previous 12 months, in four major specialties; Internal Medicine, General Surgery, OB/GYN, and Pediatric departments.

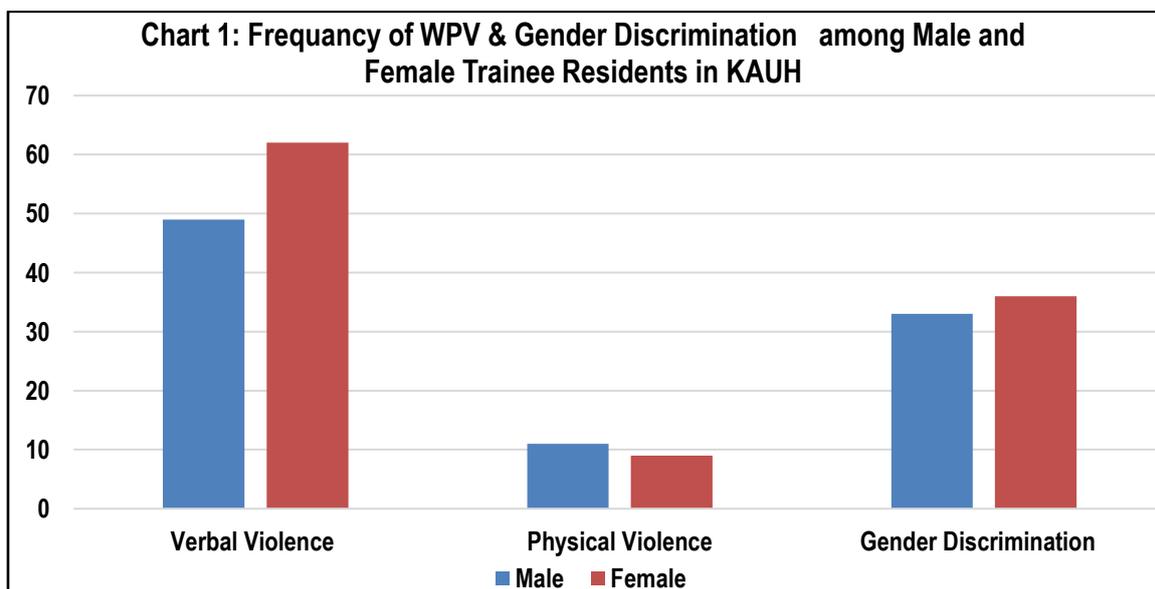
Comprehensive questionnaire published by WHO "Workplace Violence in the Healthcare Sector, Country Case Studies Research Instrument Survey" has been modified, and used as the main measuring tool of violence nature in the study population.³ However, job outcomes (Job satisfaction, Burnout, Commitment to the workplace, and Intent to leave the workplace or quit the profession, measured by the second version of Copenhagen Psychosocial Questionnaire (COPSOQ II)).¹⁰ Four items with the 5-point scale used to assess Job satisfaction, Burnout, and Commitment to the workplace. On the other hand, Intent to leave estimated by adding a question where participants have been asked if they are planning to leave their workplace or quit their professions due to WPV incidents or gender discrimination within 12 months?^{9,10}

All Trainee residents in the major specialties, juniors and seniors were included. While residents in other departments or specialties were excluded. The response of residents who refused to sign up the consent form was not concerned.

Data entered and analyzed using the program "Statistical Package for Social Sciences (SPSS23)". Necessary statistical tests such as Chi-square, T-test, and other appropriate tests were used. P-value of less than 0.05 will be adopted for statistical significance.

Regarding ethical considerations; Permission to reproduce WHO copyrighted materials (Questionnaire) requested & authorized by email with the reference number: 275247.

Study approved from the institutional research of KAUH, and faculty of medicine in King Abdulaziz University (KAU) with a reference number: 136-19.



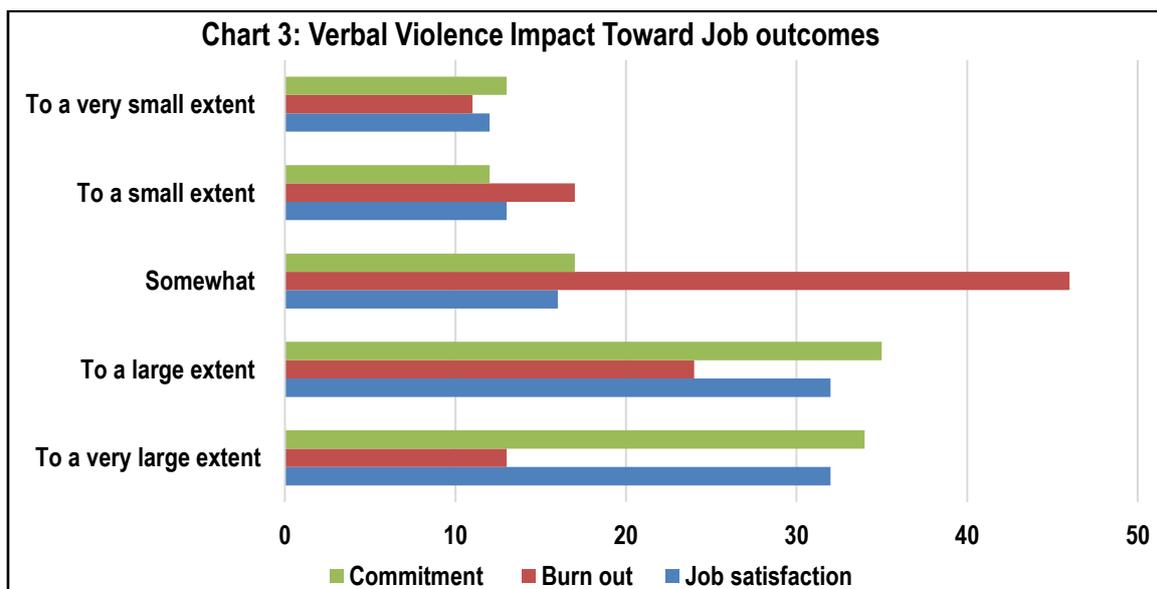
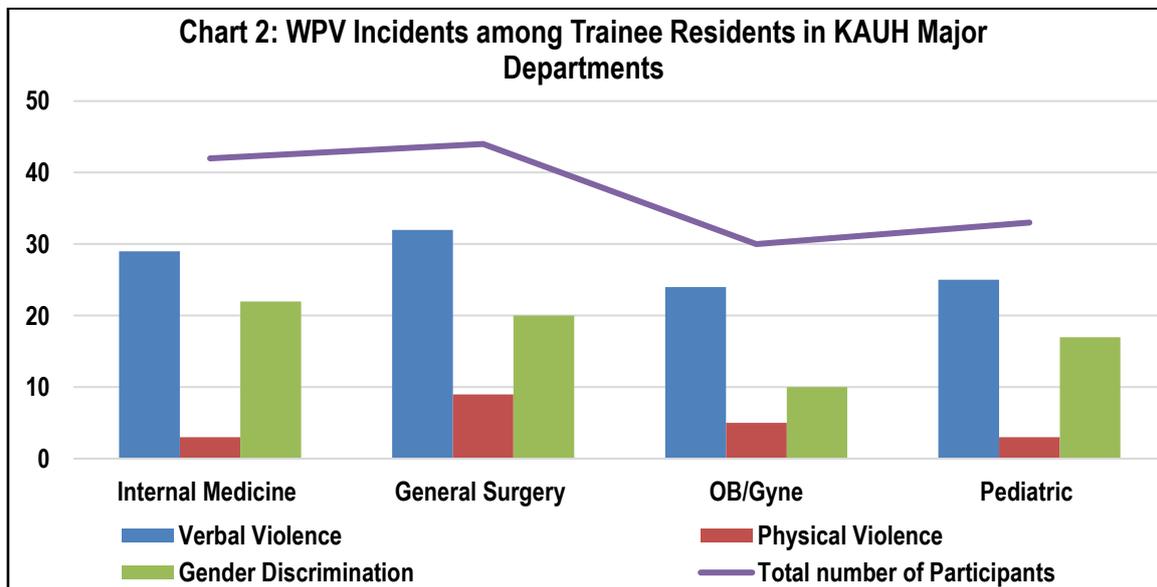


Table 1: Logistic regression regarding verbal violence

Factors	Verbal Abuse		X ² -value	p-value	Odds ratio (95% CI)	
	Yes (%)	No (%)				
Age	20-29	83(70.3)	35(29.7)	3.850	0.050	1.0(ref)
	30-39	28(87.5)	4(12.5)			2.95(0.96,9.04)
Gender	Male	49(74.2)	17(25.8)	0.004	0.952	1.02(0.49,2.13)
	Female	62(73.8)	22(26.2)			1.0(ref)
Marital Status	Single	58(72.5)	22(27.5)	0.085	0.771	1.0(ref)
	Married	50(74.6)	17(25.4)			1.12(0.53,2.33)
Years of Experience	< 1	15(51.7)	14(48.3)	9.120	0.010*	1.0(ref)
	1-5	87(77.7)	25(22.3)			3.25(1.38,7.62)*
	6-10	8(88.9)	1(11.1)			7.47(0.82,67.57)
Department	Internal Medicine	29(69)	13(31)	1.179	0.758	1.0(ref)
	General Surgery	32(72.7)	12(27.3)			1.33(0.53,3.35)
	Oby/Gyn	24(80)	6(20)			2.0(0.66,6.01)
	Pediatrics	25(75.8)	8(24.2)			1.56(0.56,4.34)
Years of Residency	R1	20(57.1)	15(42.9)	10.618	0.014*	1.0(ref)
	R2	47(82.5)	10(17.5)			3.52(1.35,9.17)*
	R3	19(65.5)	10(34.5)			1.42(0.51,3.94)
	R4 & R5	25(86.2)	4(13.8)			3.60(1.11,11.64)*
Frequency of On-call per month	2 to 3 per month	8(66.7)	4(33.3)	3.693	0.158	1.0(ref)
	4 per month	44(66.7)	22(33.3)			1.0(0.27,3.69)
	5 per month	58(80.6)	14(19.4)			2.07(0.54,7.86)

Table 2: Logistic regression regarding gender discrimination.

Factors	Gender discrimination		X ² -value	p-value	Odds ratio (95% CI)	
	Yes(%)	No(%)				
Age	20-29	49(41.5)	69(58.5)	4.458	0.035*	1.0(ref)
	30-39	20(62.5)	12(37.5)			2.35(1.05,5.24)*
Gender	Male	33(50)	33(50)	0.759	0.384	--
	Female	36(42.9)	48(57.1)			
Marital Status	Single	36(45)	44(50)	0.112	0.738	--
	Married	32(47.8)	35(52.2)			
Years of Experience	< 1	12(41.4)	17(58.6)	0.588	0.745	--
	1-5	52(46.4)	60(53.6)			
	6-10	5(55.6)	4(44.4)			
Department	Internal Medicine	22(52.4)	20(47.6)	3.027	0.387	--
	General Surgery	20(45.5)	24(54.5)			
	Oby/Gyn	10(33.3)	20(66.7)			
	Pediatrics	17(51.5)	16(48.5)			
Years of Residency	R1	17(48.6)	18(51.4)	0.562	0.905	--
	R2	24(42.1)	33(57.9)			
	R3	14(48.3)	15(51.7)			
	R4 & R5	14(48.3)	15(51.7)			
Frequency of On-call per month	2 to 3 per month	6(50)	6(50)	7.324	0.026*	1.88(0.55,6.44)
	4 per month	38(57.6)	28(42.4)			2.55(1.28,5.08)*
	5 per month	25(34.7)	47(65.3)			1.0(ref)

Table 3: Association between verbal violence and burnout

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	26.529 ^a	4	.000
Likelihood Ratio	26.127	4	.000
Linear-by-Linear Association	18.568	1	.000
N of Valid Cases	150		

a. 1 cells (10.0%) have expected count less than 5. The minimum expected count is 3.12.

Table 4: Association between physical violence and job satisfaction

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.542 ^a	5	.008
Likelihood Ratio	16.763	5	.005
Linear-by-Linear Association	.771	1	.380
N of Valid Cases	150		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is .93.

Table 5: Association between physical violence and burnout

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	13.673 ^a	4	.008
Likelihood Ratio	12.577	4	.014
Linear-by-Linear Association	10.393	1	.001
N of Valid Cases	150		

a. 4 cells (40.0%) have expected count less than 5. The minimum expected count is 1.60.

Table 6: Association between gender discrimination and job satisfaction

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.815 ^a	5	.037
Likelihood Ratio	12.343	5	.030
Linear-by-Linear Association	.098	1	.754
N of Valid Cases	150		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 3.22.

RESULTS

150 Residents participated in this research. 78.7% (n=118) were 20-29 years old. 56% (n=84) were females, and 44% (n=66) were males.

Results showed that 84.6% (n=127) of the residents experienced at least one kind of WPV or gender discrimination. Verbal violence was the most prevalent with 74% (n=111) of the study sample,

followed by gender discrimination; 46% (n=69). Finally, physical violence recorded in 13.3% (n=20) of the sample. Gender has no statistically significant correlation toward WPV. (Chart 1) Regarding socioeconomic status, there was a significant relationship between age & Gender discrimination. (Table 2) However; marital status was not related.

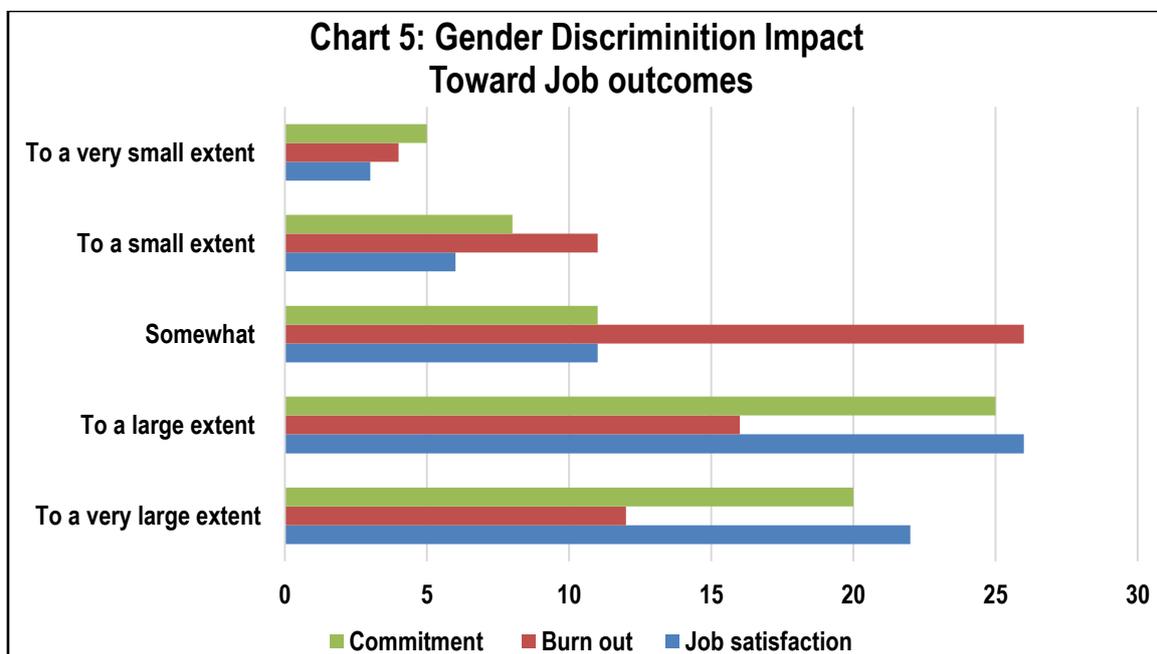
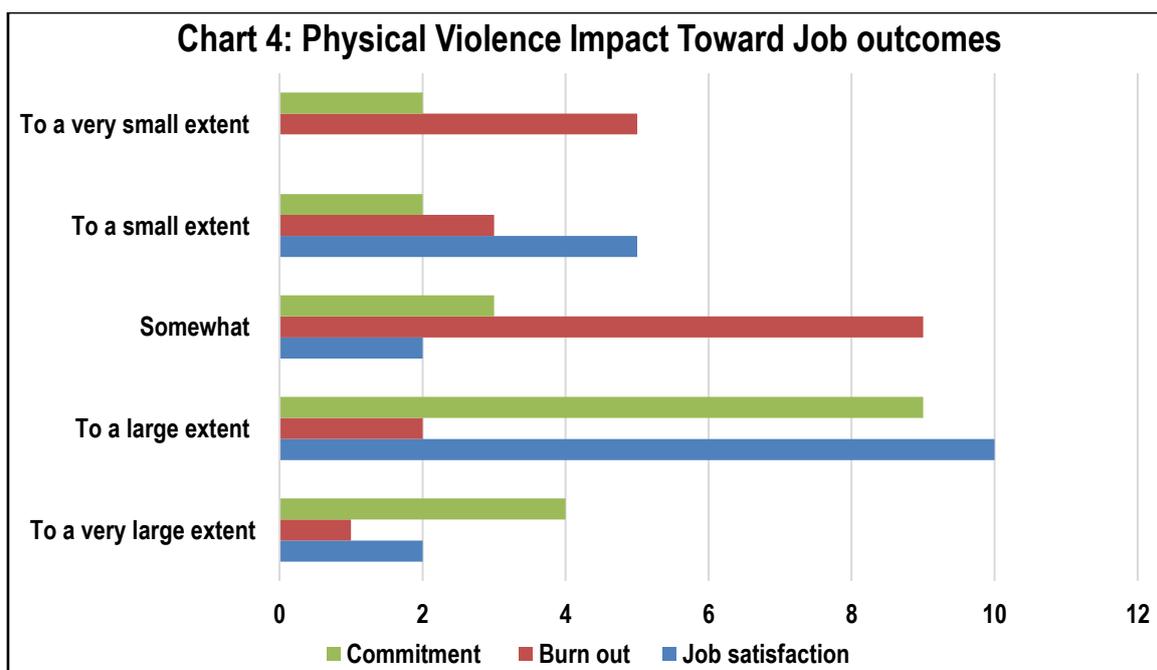
Years of resident's experience was significantly correlated with verbal violence. (Table 1) And the frequency of on- calls was significantly related to gender discrimination. (Table 2) According to this study, residents in general surgery department have the highest risk for WPV. However, there is no illustrated difference in terms of WPV and gender discrimination, in relation to the prevalence and the participant's specialty. (Chart 2) The impact of WPV and gender discrimination toward job outcomes presented as the following; Verbal violence affected somewhat to a very large extent 72% (n=80) of resident's job satisfaction, 74.77% (n=83) of their burnout, and 77.47% (n=86) stated that their commitment was also affected. (Chart 3)

Results showed a statistically significant difference regarding the association between verbal violence and burnout. The data provide statistical evidence of this correlation (P=0.000). (Table 3) Job satisfaction was not correlated (P=0.051), and Commitment had no significant correlation as well (=0.410).

Physical violence somewhat to a very large extent affected 70% (n=14) of resident's job satisfaction, while 60% (n=12) had a burnout, and 80% (n=16) of residents who went through a physical violence event stated that it affected their commitment somehow to a very large extent. (Chart 4)

According to data analysis, there was statistically significant evidence support the relationship between physical violence, and resident's job satisfaction (P=0.008). (Table 4) Also, there was a significant correlation between physical violence and burn out (P=0.008). (Table 5) On the other hand, there was no statistical evidence supports the relationship between physical violence and the resident's commitment (P=0.410).

Regarding gender discrimination impact toward job outcomes; it affected 85.5% (n=59) of the participant's job satisfaction somewhat to a very large extent, 78.26% (n=54) had a burnout, a commitment was affected as well in 81% (n=56) of residents. (Chart 5)



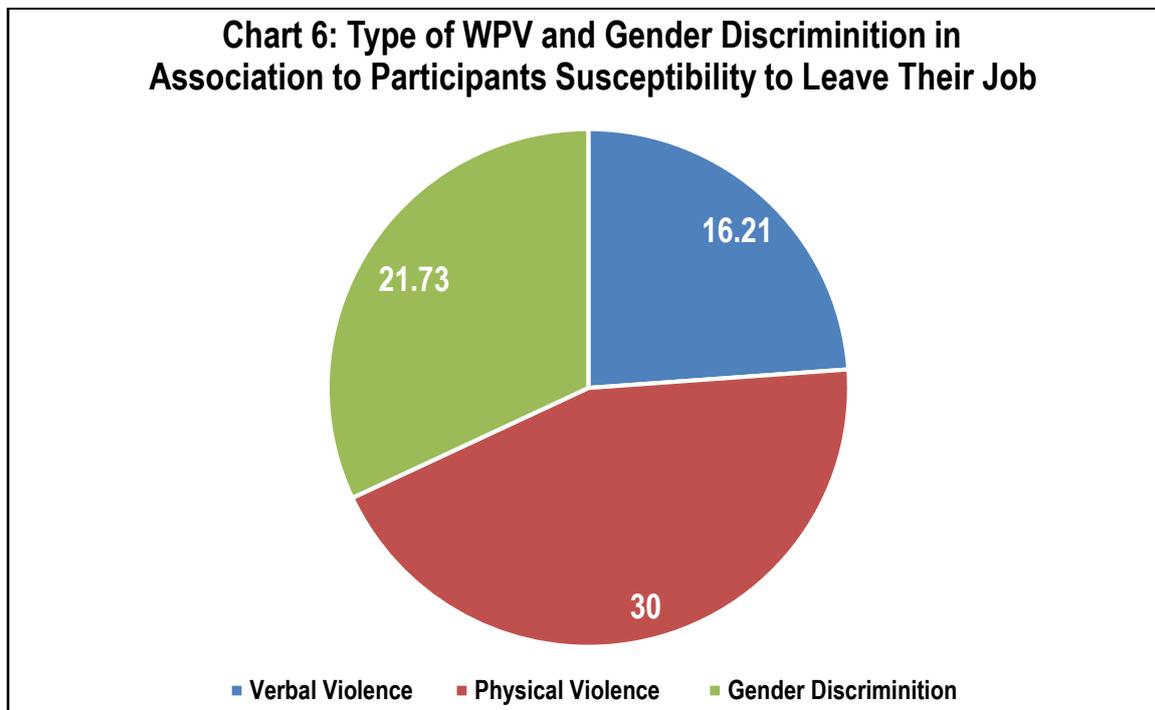


Table 7: Association of resident's potency to leave the job with physical violence

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.547 ^a	1	.019		
Continuity Correction	4.008	1	.045		
Likelihood Ratio	4.535	1	.033		
Fisher's Exact Test				.030	.030
Linear-by-Linear Association	5.510	1	.019		
N of Valid Cases	150				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 2.67.
 b. Computed only for a 2x2 table

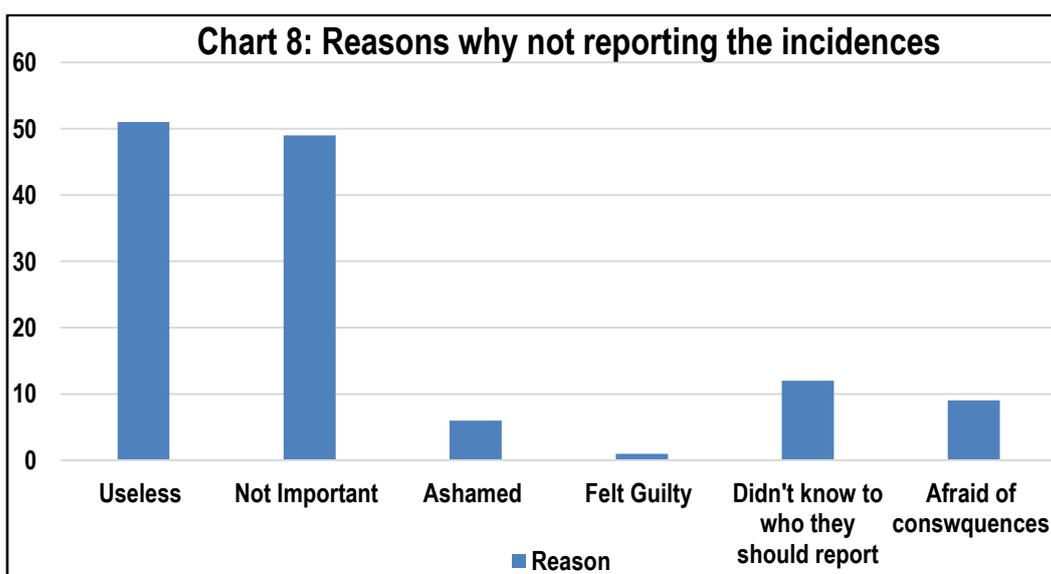
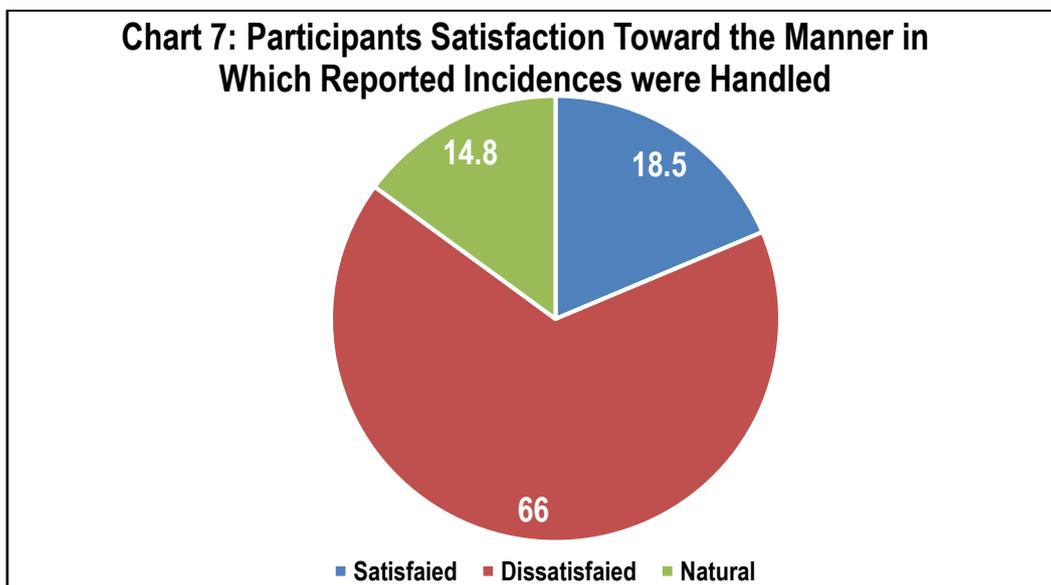
Table 8: Association of resident's potency to leave the job with gender discrimination

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.813 ^a	1	.005		
Continuity Correction	6.524	1	.011		
Likelihood Ratio	8.013	1	.005		
Fisher's Exact Test				.007	.005
Linear-by-Linear Association	7.761	1	.005		
N of Valid Cases	150				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.20.
 b. Computed only for a 2x2 table

By analysis, there is a statistically significant association between gender discrimination and job satisfaction (P=0.037). (Table 6) There is no evidence found to relate participant's burn out (P=0.682), or commitment (P=0.497) to gender discrimination. About resident's susceptibility to leave their job; 15.74% (n=20) of participants who experienced at least one kind of WPV or gender discrimination considered leaving their job after the event. (Chart 6) There was a significant association of their potency to leave the job with physical violence (P=0.019) and gender discrimination (P=0.005). (Table 7, 8)

However, verbal violence was not associated. (P=.080). Percentage of incidence reported by the participants were only 21% (n=27). And 66.6% (n=18) were dissatisfied with the manner in which the incidence was handled, 14% (n=4) see it natural, and 18.5% (n=5) were satisfied. (Chart 7) Regarding participants who did not report; 39.8% (n=51) believe it's useless, 38% (n=49) think it's not important, 4.68% (n=6) were ashamed, 0.7% (n=1) felt guilty, 9.34% (n=12) did not know to who they should report, and 7% (n=9) were afraid of negative consequences. (Chart 8)



DISCUSSION

Results of the present work at KAUH showed that 84.6% of trainee residents experienced at least one kind of WPV in the past 12 months. Similarly, a quite high percentage was reported by Cheung T et al. in Macau, among physicians and nurses in 2017, where 57.2 % of study subject experienced WPV at least once.⁵ Geographical and culture divergence showed no difference in terms of WPV. Even local studies reported a high prevalence of WPV. The research took place in three training hospitals was done by Fnais N, et al. in 2013 stated that 83.6% of residents faced some kind of WPV at least once in the last 12 months.⁶ Another study by Iftikhar R et al. in 2014, found that 90.96% of interns were abused somehow through their undergraduate training at KAUH.⁷ 74% of trainee residents involved in this study mentioned that they were verbally abused at least once through the last year, and verbal violence proved to be the most prevalent. Earlier studies by Sun T et al. in 2017, Zhu L et al. in 2018, Chang HE, et al. in 2016, found that verbal violence is highest prevalent kind of WPV as well.^{2,9,11} Gender discrimination found to be the second most common kind of violence; it was reported by 46% of study subjects. In agreement; Fnais N, et al. in 2013, and Iftikhar R et al. in 2014 mentioned that 58.29 % of residents, and 38.7%

of interns, reported that they were discriminated by their gender.^{6,7} Regarding gender, it has no significant correlation to WPV, Fnais N et al. in 2013, and Alsaleem SA et al. in 2018, found no significant differences in-between male and female.^{6,8} However; Boafu IM et al. in 2016, a study based on Ghana found that gender is a dependent variable and females are at higher risk to WPV.⁴ This could be due to the different population and study subjects. current study & Fnais N, et al. reported violence toward residents, while Alsaleem SA et al. study involved all health care workers. On the other hand; Boafu IM et al, study subjects were only nurses, and most of the workers in this profession are females. Age found to be significantly correlated to gender discrimination. Residents below 30 years old were more exposed to gender discrimination. Verbal and physical violence were not related. A comparable study conducted by Alsaleem SA et al. in 2018 showed a significant correlation between age and WPV. Participants who are above 30 years old experienced more violence in the workplace.⁸ Moreover, age was believed to be a significant independent predictor for WPV. Investigations showed a significant difference between the year of residency and verbal violence. And found that the frequency of on-calls is significantly

related to gender discrimination. Cheung T et al. in 2017, proved that participants who have less than 10 years of experience were at higher risk to WPV. And stated that violence incidents highly increased during night duties.⁵ Alsaleem SA et al. in 2018, also mentioned that violence significantly increased during night shifts.⁸ This could be related to the nature and situation of patients who seek health services at night, mostly they are urgent cases, tensed and less capable to wait and listen to the doctors or any of the medical staff effectively. Subsequently, health care providers who were practicing for a long time are able to manage and control the situation better than their colleagues with less experience. Statistical evidence showed no significant difference in WPV prevalence in between the main specialties. Though, General surgery residents suffered more from WPV and gender discrimination in KAUH. An earlier study by Iftikhar R et al. in 2014, among interns in KAU, found that Internal Medicine department is the most common source of violence.⁷

Burn out was highly associated with verbal and physical violence. And the decrease in job satisfaction found to be associated with physical violence and gender discrimination. Participated residents who were exposed to physical violence and /or discriminated by their gender showed a higher potency to leave their jobs or to quit the profession. In 2016, Chang HE found significant correlations between WPV and the decrease of job satisfaction and commitment of the newly licensed nurses. Also, his results provided statistical evidence that WPV leads to a significant increase in their burn out. Moreover, their intent to quit the profession or leave the current job significantly increased by 2.90 folds after being violated.⁹ Sun T and Zhu L, in 2017 and 2018 linked these findings to the psychological stress workers go through as a result of violence.^{1,2} Participants in this study showed a very low potency to report violent incidents, where only 21% of residents who have been violated seek for help and reported to the competent authority. However, only 18.5% of those who reported were satisfied with the manner of handling the incidence. Regarding participants who didn't report; 39.8% believed it's useless and 38% think it's not important. Bofo IM et al. in 2016, detected a very low incidence reporting percentage among nurses in Ghana. Only 2.2% of them reported violence to competent authority.⁴ Iftikhar R et al. in 2014, similarly found that only 14.8% of interns reported a violation to their dispensation.⁽⁷⁾ Accordingly, WPV and gender discrimination have never been dropped. Residents and health care workers should take reporting more serious and let the stakeholders deal with it professionally.

CONCLUSION

WPV and gender discrimination are a worldwide dilemma. All health organizations believe that health care workers have the right to be safe. Sadly, the prevalence of violence is quite high in KAUH, especially verbal violence and gender discrimination. More studies are required to explore the reasons and risk factors, in order to activate the current policies, rules, and regulations. Residents and health care workers should be more aware of their rights, current policies and encouraged to report any kind of violence they might face. To provide a safe and convenient environment for health care employees, early interventions and preventive measures need to be activated, and this could only be achieved by the combined work in between governments, health care institutions and the employees themselves.

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