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Crisis management in Algerian healthcare system in the face of violence: a socio-economic analysis

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Abstract:
This document attempts to analyze the causes that contribute to violence in Algerian health care settings. In fact, many factors contribute to escalating levels of violence, so we will follow: sometimes the classic factors that come from patients or family members; sometimes by exploiting hidden causes specific to the health system itself, due to a virtual absence of real crisis management. This article highlights the growth of national and international scientific research on the causes that generate the phenomenon of violence, as well as the solutions that can improve the quality of health care facilities. Through an analysis of the Algerian context, this article proposes a socio-economic analysis for the organizational obstacles that can generate gratuitous violence, which can constitute future empirical studies. The results of the study clearly indicate that the behaviour of the care-seeker is the tip of the iceberg, while the causes of this scourge are due to a poorly organized health system.
Keywords: violence; healthcare settings; crisis management; health system; Algeria.
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1. Introduction

Although violence has many types and different ways towards a victim, it remains that this violence is an inconvenient language to express dismay towards an undesirable situation; unfortunately, the victim of this situation is the caregivers (Nelson, 2014). Workers in the health sector suffer, all the time and almost everywhere in the world, from this type of behaviour, in addition to the unprecedented workload during the period of COVID-19, a situation that has become unbearable by the nurses and doctors.

Over the past 15 years, the issue of workplace violence has been extensively discussed, researched, and documented. Several initiatives to mitigate the problem have also been implemented in various settings (Edward et al., 2016). In healthcare settings, violence is well documented, and some argue that it has reached epidemic proportions (Lanza, 2006). Others argue that the health and social services industry experiences similar levels and even more episodes of aggression than any other workplace, including police and correctional settings (Lafta et al., 2021).

Despite a fairly satisfactory organization within healthcare facilities in developed countries which suffer from this scourge, this characteristic is lacking in the supply of care in underdeveloped countries, which generates more violence against caregivers (Aissaoui, 2020). Several recent types of research have highlighted this intolerable situation, which becomes a permanent threat against medical staff, and therefore a real threat against a noble profession (Mello et al., 2020).

1.1. Objective of the research:

The specificities and characteristics of the Algerian health system, as well as those of the Coronavirus period; make us more responsible for seeking the real causes of violence in healthcare settings and the solutions that can mitigate this phenomenon. So, we aim through the

present work to answer this question: *Can the characteristics and specificities of the health system lead to violence?*

1.2. Recent Studies:

The authors of the first research (Ghareeb et al., 2021); which attempted to evaluate instances of violence against healthcare workers in Pakistan, identifying and contrasting the initiating elements seen both inside the nation and abroad. The research was done in Pakistan between April 7 and August 7, 2020, to coincide with the COVID-19 pandemic. The data was gathered from local media reports of events. There were a total of 29 occurrences, with the majority of violent attackers being COVID-19 patients' families. The most often cited causes were suspicion of HCWs, belief in conspiracy theories, hospitals' unwillingness to accept COVID-19 patients owing to lack capacity, COVID-19 hospital rules, and the patients' deaths.

The second research (ÖzkanŞat et al., 2021); conducted during the COVID-19 pandemic, sought to determine the prevalence, features, impacts, and contributing variables of workplace violence (WPV) perpetrated against HCWs at Alkarak Governmental Hospital (KGH) in South Jordan. Cross-sectional research was done utilizing a semi-structured questionnaire among 382 HCWs (170 doctors and 212 nurses) employed at the KGH in Jordan in January and February 2021. The present research found that the majority of participants (65.5%) had been exposed to WPV, mostly verbal violence (52.0%) and those patients' families were the primary offenders in the majority of instances. There is a deficiency in the reporting of these instances consistently, and psychological and bodily consequences were experienced by the victims.

The third research (Krug et al., 2016), which is a cross-sectional descriptive study, sought to evaluate the association between nurses' exposure to violence and their professional dedication during the COVID-19 pandemic. Nurse violence is a pervasive issue on a global scale. Data collection instruments included an online questionnaire and Nursing Professional Commitment Scale. Between October and

December 2020, the research was conducted online during the COVID-19 pandemic. The research included 263 nurses. Among the study's findings: 8.4 percent of nurses reported being exposed to physical violence, 57.8 percent to verbal violence, 0.8 percent to sexual violence, and 61.6 percent to mobbing during the COVID-19 pandemic; 52.1 percent of nurses reported contemplating quitting the profession during the COVID-19 pandemic, and the mean total Nursing Professional Commitment Scale score was 71.33 ± 15.05.

2. The scale of the phenomenon:

The World Health Organization defines violence as the deliberate use of physical force or power, threatened or actual, against oneself, another person, or a group or community, that results in or has a high probability of resulting in injury, death, psychological harm, maldevelopment, or deprivation (ILo & WHO, 2003).

Violence in workplace has become a worldwide problem. Personnel in the health industry have a heightened risk of workplace violence. Physical assaults, killings, verbal abuse, bullying, sexual and racial harassment, and psychological distress all serve as manifestations of violence. Violence may not always manifest as a single occurrence, but can be manifest as a series of little episodes that cumulatively cause significant injury. This plague of violence becomes more significant at times of crisis, as seen by the COVID-19 pandemic (Vento et al., 2020).

The World Health Organization, through its newsletters, frequently condemns attacks on healthcare workers, especially during the spread of COVID-19, where healthcare professionals are confirmed to all kinds of violence in addition to an unbearable workload (Wilson, 2009).

Good or bad relationships between healthcare professionals, patients and family members… have a significant impact on the number of cases of violence. Everyone agrees on the impact of workplace violence in healthcare settings; in this case on the organization and management of the entire care sittings. If the

consequences of violence at work are classified as physical, professional or organizational, those organizations are the most important to the functioning of a health establishment: absenteeism, work accidents, rate of retention, etc. these are hidden costs will have a negative financial impact on the management of the healthcare sittings, and by extension, the entire healthcare system (World Health Organization, 2021).

3. The main causes of violence in Algerian healthcare environment:

Firstly, we will analyze the causes of violence in the Algerian healthcare sittings, which can converge with those of the international literature. Secondly, we will analyze other causes which can constitute specificity or a characteristic of Algerian health system, which diverges, more or less, from those adopted by the international works.

3.1 Common causes:

Firstly, we will analyze the causes of violence in the Algerian healthcare sittings, which can converge with those of the international literature.

Why is the medical staff targeted by acts of violence? We can explain this reality from its position in the care sector, its place is perceived as the pivot in the supply of care; it is, therefore, the victim of its place, its role and its reputation in a system… As we can explain this bitter reality as a window of a chic boutique smashed in an act of vandalism (Aissaoui, 2017). Hospital is a 24/7 healthcare facility to receive care seekers without discrimination… If we focus on hospital emergencies, we can see different kind of victims: road accident victims, victims drowning off the coast, domestic accidents, etc. Although these aliases of life are the fault of a system, of one or more sectors or simply the fruit of fate… this is how health sector pays for the mistakes of other sectors. It is from there that the Ministry of Health should be a super-ministry endowed with the necessary means

to carry out its mission (Aissaoui, 2021).

The recurrent lack of funding and anarchic management of the public healthcare supply; would impact the mission of public healthcare sittings, and the result is there: a sick hospital! We have the impression that the heads of successive governments suffered, more or less, from recurrent amnesia, since after a diagnosis of the disease we should take action! However, none of this happened. Thus the officials admit that the health sector has always been sick with an evil that persists, instead of helping it, it is left to itself and fate!

Why is the Algerian medical staff targeted by acts of violence? We are now going to address other causes of violence which may be a feature, but not an exception, of Algerian health system.

3.2 Specific causes:

Without hypocrisy, and with a conviction to do better, we can confirm that: "Algerian healthcare system is far from being efficient..." (Aissaoui, 2020). The problem does not lie in the quality of the human capital or the insufficiency of the financial means, and that is the false idea from the start… Besides, we are used to explaining things using a purely economic approach, so we are completely mistaken! Since the 70s, Algerian health officials had been indoctrinated by outdated principles; the case of the principle of free healthcare was established in 1973. In addition, successive governments who were busy managing many successive crises; marginalized the innovative ideas proposed by the sector executives who were in place. Thus, day-to-day management was born, without being able to project itself into a serene future by emphasizing ideas instead of means, since change begins with an idea instead of a stethoscope in hand! Is there free healthcare?

One thing is certain: there is always someone who pays for others; from the moment the taxpayer or rather the good citizen, activating in the public sector or the private sector, pays his expenses towards social organizations and the public treasury. We are not exaggerating when we say that the main source of health financing in

Algeria was and remains the "withholding tax" of public service employees, which consists of a levy of social charges and tax due directly on the income of the person concerned by a third-party payer; usually the employer. We don't forget that 60% of the money supply in Algeria is in the hands of the informal sector, which enjoys healthcare services without financial compensation (Powell-Jackson et al., 2014; Aissaoui, 2018). In addition, if this free healthcare supply exists, why have citizens used the services of the private sector (radiology offices, analysis laboratories, dental offices, etc.)? Moreover, these financial expenses paid directly to service providers in the private sector, make the life of the good citizen a monthly battle to live or rather to survive. These recurring battles could carry the war, already lost by all, into the healthcare structures.

A good organization of a healthcare system generates a pyramidal form of the care offer: from its base, we can thus locate primary healthcare, as well as specialized and highly specialized care going towards the top. Primary healthcare is a level of healthcare provider that is devoted to prevention in the broad sense.

General practitioner is considered the cornerstone in this first level of healthcare; he receives patients in his district for consultation, dispenses care, advises, guides and develops prevention and health promotion. He is supposed to follow the file of the patient for whom he is responsible, when the latter is referred by him to colleagues or specialists from specialized care structures. This last point summarizes the course of care traced by the general practitioner.

However, the question that arises: Does the general practitioner activating in the basic healthcare structures provide this orientation that he is supposed to fulfill? The answer is simply no! Thus, the care seeker traces their care path themselves and anarchically, and it is from there they participate in creating a demand for hospital care that is often avoidable (Aissaoui, 2021; Peoples et al., 2021). It should not be forgotten that establishments providing primary care are often frowned upon by Algerians; as structures reserved for the poorest, these prejudices push most citizens to turn to hospitals. By combining

these two factors; the lack of respect for the graduation of care and the bad prejudices against establishments that provide primary care, so we can see that our hospital emergencies are often overcrowded with patients, who can rather be taken care of at the lower level of our public healthcare offer (Aissaoui, 2021; Asante et al., 2016). It is this "avoidable passage" which generates, consequently, a queue that tends towards infinity in front of the hospital emergencies and, it is this impatience of the patient or one of the members of his family which often causes violence against medical teams.

Although the lack of medical means is not an Algerian characteristic, but rather a characteristic of the public healthcare supply in the majority of the countries of the world, the fact remains that this problem is growing, more and more, in underdeveloped countries during times of crisis. The lack of medical resources is in itself a source of recurring conflict between the medical staff and the administrative staff in hospitals, which has a negative impact, by extension, on the doctor-patient relationship within public healthcare sittings (Hassankhani et al., 2018). We also know that the workplace contributes to workplace violence. Organizational factors that exacerbate the problem include excessive workloads, inadequate staffing, and excessive reliance on overtime (mandatory or voluntary), lack of management support in reporting workplace violence, and lack of perceived consequences when acts of violence are committed.

The lack of medical resources is not always the result of a lack of financial resources, but rather the result of opaque management, this opacity is due to the absence of a hospital information system / HIS, which should provide accurate and timely information, thereby meeting managerial needs to improve the quantity and quality of healthcare (Binmadi & Alblowi, 2019).

Patients and their family members are confronted with physical pain, psychological suffering, anxiety, anguish, loss of bearings, lack of intimacy, etc. Caregivers, on the other hand, are forced to repeat tasks, the difficulty of acts, the lack of time, too much meetings …

Hospital is a place of care and hopes where lives rub shoulders

meet, confide in each other. Most often, they give each other assistance, but sometimes they confront each other, they gauge each other, judge each other in proportion as in excess. Stress often rises at the entrance to the care establishment, when the patient or his companion searches in vain for information or guidance, but sometimes he does not find the one who should answer him. After many attempts, the first comer wearing a white coat will pay the bill for violence that can be called "gratuitous or avoidable" (Aissaoui, 2020).

We are used to meeting a messenger in front of the door of an Algerian hospital, and that is the worst stupidity one can do! A reception at the entrance to a healthcare establishment should not be another police station, but an information and orientation office, managed by communication specialists to properly manage the flow of care seekers and/or their companions, visitors, etc. The role of good communication in easing tension, lowering adrenaline and reducing stress, etc. should not be underestimated or overlooked (Hassankhani et al., 2018).

3.3 New causes:

During the period of COVID-19 pandemic other causes of violence have emerged, especially in terms of shortages of means of diagnosis and treatment of SARS-CoV2 in hospitals: drugs, tests, oxygen, hospital beds, etc. and this is the tip of the iceberg. During the five waves of COVID-19 pandemic; Algerian hospitals become a single service devoted to the treatment of contagious disease; especially during the period of SARS-COV2. However, patients who require treatment in other services are delivered to themselves. Thus the patients who should be taken care of urgently, in this case, those who are suffering from cancer, are marginalized, and their state of health becomes very complicated, who can even lose their lives... This is another source of violence (Ghareeb et al., 2021; ÖzkanŞat et al., 2021).

4. Proposals that can mitigate the phenomenon:

Far from miraculous solutions, and through a socio-economic approach, we propose several solutions organized into three parts, in parallel with the components of our health system. These proposals are the result of the modest experience of an Algerian researcher in health economics, hospital management, and health policies.

4.1 From the supply side:

The debate should focus on the famous principle of free healthcare, which has endured for a little over 50 years. Furthermore, we should seek a solution for taxpayers who pay their premiums without getting what they demand. In our opinion, this is the main cause of violence in public healthcare facilities.

Implement a real hospital information system (HIS); which could be the cornerstone of any change in hospital management. A good design of an HIS is not a guarantee of its performance, so the failure of the 3COH accounting information system experiment is a good lesson for all (Aissaoui, 2021). However, the combination of a good design of the HIS and the voluntary involvement of all stakeholders in healthcare facilities, should guarantee the performance of this management tool in decision-making within healthcare structures. Such an information system can, by extension, locate the sources of dysfunction, thus making the necessary corrections likely to improve the working environment in these structures.

Generally, in the different healthcare systems, the role of the general practitioner is perceived as the pivot of the patient's care pathway, avoiding the care seeker from tracing his own care pathway, thus going directly to the different hospital departments, clogging them up and thus hampering the hierarchy of the health system (Aissaoui, 2017). Algeria has, nowadays, an army of white coats, more than 50.000 general practitioners practicing in the public and private sectors. However, strengthening the role of the first line of defense against the disease deserves special attention from those

responsible for this sector.

Strengthening cooperation between the public and private sectors; should have multiplier effects on the three components of our health system (Powell-Jackson et al., 2014). Thus, good coordination between the two sectors could help achieve these main objectives: better local patient care by avoiding unnecessary travel; achieving economies of scale by using the resources of the private sector in parallel with those of the public sector; calling on human resources from the private sector, working in private clinics or in outpatient care, to provide services in public hospitals or where there is a shortage of specialists.

Simple gestures can save lives and improve the working environment... Thus, promoting exchanges aimed at an informational and relational balance between the different stakeholders in the public hospital, including those seeking care, should counteract the phenomenon of violence.

4.2 From the demand side:

To manage the daily flow of care seekers, companions, visitors, etc., as well as their different attitudes, habits, and behaviors, a good conduct booklet is more than necessary. This good conduct booklet within healthcare facilities can provide a framework for preventing unjustified violence against medical staff.

In healthcare settings, good communication nurtures the helping relationship. In this approach, the caregiver learns to observe their own behaviors in order to understand how a quality of presence can induce a certain type of relationship and communication. Listening, observation, understanding, and non-judgment are the four pillars of nonviolent communication. Verbal communication is practiced by emphasizing the role of listening in dialogue, while nonverbal communication relies on attention and expression through gaze, movement, and touch. Everything is guided by kindness.

A law that protects medical personnel must be put on the agenda, so two tools; repressive and preventive are necessary to frame

the long, even very long, days of medical personnel against recurring attacks from the outside world. There, Ordinance No. 20-01 of July 30, 2020 relating to the Penal Code is promulgated in a critical period of the Coronavirus to protect medical personnel, thus Article 149 bis stipulates: "Anyone who commits violence or assault against a health professional, a civil servant or staff of health structures and establishments, during the exercise of their functions, shall be punished by imprisonment of two to eight years and a fine of 200.000 DA to 800.000 DA" (JORADP, 2020). Thus, people who premeditate an attack, an ambush or while carrying a weapon, are liable, according to article 149 bis2: "imprisonment of five to twelve years and a fine of 500.000 DA to 1.200.000 DA" (JORADP, 2020).

Preventive and repressive measures should, more or less, regulate the behavior of those seeking care, accompanying persons, visitors, etc. and therefore protect health professionals and mitigate the scourge of violence in a fairly sensitive sector during a very difficult period.

4.3 From the donors' side (sources of financing):

The famous "lump sum" for financing hospital activity has always been a brake on the development of hospital sittings (Aissaoui, 2021; Krug et al., 2016; Negro-Calduch et al., 2021). It is in the absence of an efficient hospital information system/HIS that this type of archaic tool has contributed to establishing poor management promoting waste and non-punishment. However, the rationalization of hospital expenditure requires the use of modern management control tools, focused on financing based on the results achieved by each hospital department: T2A, GHM, etc.

The healthcare seeker affiliated with a social insurance fund is penalized threefold. In addition, he is often forced to turn to the private sector (medical consultation, analysis, imaging, etc.), but these services are often partially or totally non-reimbursable by this type of social organization (Aissaoui, 2018). The logic in this specific case: why not join a private insurance company in order to benefit from the

different services offered by the same sector? The shortest path is therefore the straight line.

5. Conclusion:

In this article, we have limited ourselves to seeking the causes of violence in the Algerian healthcare environment, and to proposing solutions that can manage the risks and counteract the manifestation of violence in healthcare structures.

The expected results explore the different sources of violence, whether those already known, or those that are specific to a system. We must not show the patient or members of his family as the only culprits to be arrested or neutralized, by enacting or toughening laws to incarcerate him... a poor organization of the supply of care or insufficient funding of healthcare can be interesting paths for countering this violence, the guilty of which is not necessarily a person but a whole system.

The dynamism of our health system and the multiplication of variables that shake up our daily lives make us, the researchers, more responsible for seeking innovative solutions for our current situation and, moreover, encourage those involved in the Algerian health system to become more involved in the creation of a healthy working environment, which brings together the interests of all stakeholders.

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