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Factors Contributing to Workplace Violence Against Doctors in a Tertiary Care Teaching Hospital in South India

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Abstract

Introduction: The objective was to study the factors contributing to workplace violence against doctors in a tertiary care teaching hospital. **Method:** A cross-sectional study was conducted after obtaining institutional ethical clearance and requisite permissions from the authorities of the tertiary care hospital.Information was obtained using a validated semi-structured questionnaire from doctors having at least 1 year of experience in the hospital after obtaining informed written consent.To assess the prevalence of violence against doctors in the current settings,the data obtained was analyzed using SPSS software. To assess the contributing factors,the selected variables were correlated to find those factors associated to workplace violence against doctors in this setting.Along with these, knowledge and awareness among doctors regarding reporting procedures and local policies was also assessed to identify reasons for underreporting of violence in the tertiary healthcare setting. **Results:** A total of 263 doctors were included in the study out of a sample size of 296.The prevalence of violence was found to be 35.7%. The most common type of violence among those who experienced violence in the last 12 months was verbal abuse(86.2%) followed by mobbing or bullying(7.4%) and physical violence(5.3%).The most common contributing factors that showed statistically significant values for association with violence were Miscommunication 86.2%(P= 0.01),Prolonged waiting time 70.2% (P= 0.09), Death of the patient 31.9% (P= 0.00),Billing issues 28.7% (P= 0.46) and others 19.1% (P=0.01).

Keywords: *Workplace violence,Tertiary care, Doctors, Health care workers, Healthcare settings.*

Introduction

The Occupational Safety and Health Administration (OSHA) defines workplace violence as "any act or threat of physical violence, harassment, intimidation or other threatening disruptive behaviour that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide."[1]WHO studies reveal that all over the world healthcare workers suffers physical violence at some point in their careers(8% to 38%). A country case study undertaken by the WHO and several partner agencies reported that more than half of responding healthcare personnel had experienced at least one incident of physical or psychological violence in the previous year.[2]

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According to a study by the Indian Medical Association, more than 75% of doctors have seen violence at the workplace. National newspapers constantly report doctors being abused, bullied, manhandled and even killed by the patient's relatives. Trust in the doctor–patient relationship has taken a beating over the last few decades. Over time with medical care commercialization, some physicians were accused of being driven by greed and of adopting

unethical practices. The ever hungry media rapidly jumped to conclusions and published sensational stories of organ theft, medical negligence and malpractice. Underreporting is an “iceberg problem.”One study revealed that only 44.2% of doctors reported the event to authorities. Under reporting represents a major hurdle to tackling the problem.Another study says that only 26% of physicians and 30% of nurses report because of the professional culture in healthcare,which often considers violence as a “part of the job”.Anger, frustration, irritability were the most common symptoms experienced by the doctors who were subjected to violence at the workplace.[3]

Workplace violence occurs in every industry and field; however it is most prevalent in the healthcare environment.Healthcare workers face many obstacles with regards to violence.They are tasked with dealing with difficult patients,who are often at their lowest point.Healthcare staff must be able to identify escalating behaviours and know the proper interventions to prevent or lessen the impact of potential violent behaviours. The first step in this process is learning what to look for and how it impacts the working and home lives of the healthcare workers.Violence in healthcare is broad;it can be attributed to patients,visitors and staff.Staff will need to have to be educated on how violence occurs,how to prevent it and how to cope with violence when it does occur.[4]

It has been estimated by a number of reliable studies that stress and violence together possibly account for approximately 30% of the overall costs of ill-health and accidents. Based on the above figures it has been suggested that stress/violence may account for approximately 0.5 – 3.5% of GDP every year.[5] According to the data of the Bureau of Labour Statistics(BLS), USA for 1995, workplace assaults and violent acts occur in the health sector more often than in any other industry. Several independent studies all over the world have reported the prevalence of workplace violence among physicians to be 56%–75%.Patients and their relatives are the most common perpetrators of non-fatal workplace violence. India has the second largest population in the world,where healthcare is one of the growing fields. Instances of patient’s relatives assaulting the treating doctor are a common scenario all over India. However, there is limited research on violence in healthcare settings against physicians in India.[6]

Physical workplace violence has been shown to carry health consequences for victims,to affect the morale of teams and organizations, and to generate economic costs for employers, health and social services. Physical forms of workplace violence have been investigated as well, but there has been comparatively little research on consequences of physical assaults against workers. As a matter of fact, many studies and reviews have concentrated on identifying risk factors and assessing the prevalence of this phenomenon. The healthcare setting has drawn particular attention.Acts of physical violence at work are defined as assaults carried out by one or several perpetrators,by members of the same organization as the victim(internal violence) or by ‘‘outsiders’’(external violence) such as clients and patients.External forms of physical violence are more common than internal ones and affect more often,but not exclusively,‘‘frontline staff’’ in the services industry. Workplace violence presents a growing health and security challenge for many organizations.[7]

Methodology

A cross-sectional study was conducted after obtaining institutional ethical clearance & permissions of the authorities from the tertiary care hospital. Participants included were doctors having at least 1 year of experience in the given tertiary care hospital, Participants having less than 1 year of experience and those who were not willing to participate were excluded from the study. The study included 263 participants who had more than 1 year of experience in the tertiary care hospital. Data collection was done using a validated questionnaire designed with various domains.After obtaining informed written consent,the participants were administered the questionnaire and requested to respond once it was filled. Follow up was required for many of the participants. The response rate for the study was 54.8%.

The domains included were related to socio demographic characteristics, knowledge and awareness on the local language, policies, reporting procedures, exposure to workplace violence,type and description,consequences of exposure, and perceptions of contributing factors for workplace violence.These variables were analyzed using SPSS on various scales and measures to determine the prevalence of workplace violence, type and description of violence, and possible contributing factors for workplace violence against doctors.

Results

A total of 263 participants were included in the study. There were 129 male doctors and 134 female doctors. The socio-demographics can be seen in Table 1.The prevalence of violence was found to be 35.7%.The most common type of violence among those who experienced violence in the last 12 months was verbal abuse(86.2%) followed by mobbing or bullying(7.4%) and physical violence(5.3%).Among those who witnessed violence in the last 12 months,the most common type of violence was verbal abuse(84.6%) followed by mobbing or bullying(7.6%) and physical violence(5.6%) as seen in Table 2.

The most common contributing factors as shown in Table 3,some also showing statistically significant values for violence were found to be miscommunication(86.2%,P= 0.01) followed by prolonged waiting time(70.2%,P=0.09),Death of the patient(31.9%,P= 0.00),Billing issues(28.7%,P= 0.46) and others(19.1%,P=0.01).

Table 1: Socio-demographic characteristics of the respondents.

Characteristics	Frequency (%) (n=263)
Age (years):	
24 & under:	45(17.1%)
25 to 34	167(63.4%)
35 to 44	30(11.4%)
45 to 54	14(5.5%)
55 to 64	7(2.6%)
Gender:	
Male	129(49.1%)
Female	134(50.9%)
Qualification:	
Intern	0(0%)
Graduate	20(7.6%)
Post-Graduate	211(80.2%)
Doctorate	32(12.2%)
Work Experience:	
1 to 2 years	157(59.6%)
2 to 5 years	52(19.7%)
5 to 10 years	20(7.6%)
10 years and above	34(12.9%)

Table 2: Type of violence and other characteristics experienced by the perpetrators of the violence

VIOLENCE:	Frequency: n (%)
Experience	94 (35.7%)
Type	
Physical	5 (5.3%)
Verbal	81 (86.2%)
Mobbing/bullying	7 (7.4%)
All the above	1 (1.1%)
Offender	
Patient	09(9.6%)
Patient's relative	76(80.9%)
Third party	09(9.6%)
Anyone unknown	00(0.0%)
Time of incident	
Between 7 am to 1 pm	28(29.7%)
Between 1 pm to 6 pm	36(38.2%)
Between 6 pm to 12 am	21(22.3%)
Between 12 am to 7 am	09(9.5%)
Emotion experienced	
Anger	27(28.7%)
Frustration	30(31.9%)
Irritability	26(27.7%)
Fear	11(11.7%)
Witnessed -	156(59.3%)
Type	
Physical	9(5.6%)
Verbal	132(84.6%)
Mobbing/bullying	12 (7.6%)
All the above	3(1.9%)
Offender	
Patient	21(13.5%)
Patient's relative	120(76.9%)
Third party	14 (8.9%)
Anyone unknown	01(0.6%)
Time of incident	
Between 7 am to 1 pm	43(27.6%)
Between 1 pm to 6 pm	58(37.2%)
Between 6 pm to 12 am	42(26.9%)
Between 12 am to 7 am	13(08.3%)
Emotion experienced	
Anger	44(28.2%)
Frustration	46(29.5%)
Irritability	51(32.7%)
Fear	15(09.6%)

Table 3. Associated factors between responses of victims of violence and those who witnessed the violence.

Variables	Responses	Percentage	P- Value
Experienced	N=94	(35.7%)	
Prolonged Waiting Time	66	70.2%	0.092
Death of Patient	30	31.9%	0.000
Miscommunication	81	86.2%	0.013
Billing Issue	27	28.7%	0.461
others	18	19.1%	0.010
Witnessed	N=156	(59.3%)	
Prolonged Waiting Time	97	62.2%	0.592
Death of Patient	61	39.1%	0.002
Miscommunication	127	81.4%	0.071
Billing Issue	42	26.9%	0.051
others	22	14.1%	0.246

Table 4. Knowledge and awareness of laws and reporting procedures, responses to violence.

Knowledge & awareness	Frequency (%)
State violence act (Karnataka violence act 2009)	
Yes	94 (35.7%)
No	169 (64.3%)
Existing reporting procedure	
Yes	150 (57.0%)
No	30 (11.4%)
Not sure	83 (31.6%)
Exercising reporting procedure	
Yes	65 (43.4%)
No’	85 (56.6%)
Reasons for not reporting	
Unimportant	155 (58.9%)
Felt ashamed	029 (11.0%)
Felt guilty	7(2.7%)
Afraid of negative consequences	72 (27.4%)
Responses to violence	
As victim	
No action	16 (17.0%)
Asked person to stop	44 (46.8%)
Told friends/family/colleague	27 (28.7%)
Defended myself physically	02 (02.1%)
Sought help from union/ association	05 (05.3%)
As witness	
No action	58 (37.2%)
Asked person to stop	38 (24.4%)
Reported to authority	34 (21.8%)
Sought help from security	26 (16.7%)

Discussion

Workplace violence is becoming an occupational health hazard among doctors.Our study revealed that 35.7% of doctors at the tertiary care hospital had experienced workplace violence in the past 12 months. Tanu et. al. in a study in tertiary care settings in Delhi revealed that 40.8% of resident doctors had experienced workplace violence in the past 12 months.[6]This is much less than that reported by Ori *et al*. in 2014 in Manipur where 78.3% of postgraduate students had faced at least one form of violence during their entire residency period.[8]The duration of exposure,different definitions of workplace violence and different geographical locations may explain the difference between these studies.However, the findings of our study are in line with the study conducted by Newman *et al*. in 2011 in Rwanda where 39% of health workers reported experiencing at least one form of workplace violence in the previous 12 months.[9]Verbal abuse(86.2%) was the most common form of violence followed by bullying or mobbing(7.4%).Males(46 out of 129) and females(48 out of 134) were almost uniformly targeted.

From our study,more than three-fourths of affected resident doctors who faced violence were post graduates. Many studies have recognized the emergency department as a particularly violent environment. These departments usually have patients who are critically ill and are accompanied by relatives who are anxious and stressed.Hence,they are more prone to aggression and violence if they feel that the patient was not attended to well.In our study, patients(9.6%) and their relatives (80.9%) were frequently reported to be the main source of violence. Patients' relatives should have realistic expectations of the course and outcome of illness. For this to happen, treating doctors should explain to them the nature of the illness,the investigations needed,the possible line of management and the probable course and outcome in a simple-to-understand manner.They should also provide periodic updates of the condition of the patient.Work-related violence usually results in short and long-term effects on the victims' physical state, psychological state and professional performance. Further, some studies have shown that victims of violence at workplace can have adverse mental health outcomes such as acute stress disorder or post-traumatic stress disorder. Thus, there is an urgent need to institute policies and measures to deter violence in the health sector.

Violence remains an under-reported phenomenon. In the current study, while 57% of doctors were aware of reporting procedures, 56.6% of them didn't know how to use them. Also, all those who did not report considered reporting unimportant (58.9%) and were afraid of negative consequences (27.4%). This highlights the need to encourage reportage of violence among afflicted workers and to develop institutional mechanisms for speedy measures to avoid such events.The state of Karnataka had passed a law:the Karnataka prohibition of violence against Medicare service personnel and damage to Medicare service institution Act 2009.This legislation protect the rights of patients,doctors and hospital properties in the event of an attack.Only 35.7% of the respondents were aware of such legislations. Violence is a style of communication and conflict resolution; physicians are treated no differently from anybody else. Similar risk factors were perceived as physician risk factors in our study too.

The risk factors found overall from the perceptions of the respondents were mainly prolonged waiting time(63.5%), death of the patient (47.1%), miscommunication/inappropriate communication by staff(77.6%), billing issues(31.6%) and lastly other issues(12.2%) contributing to workplace violence.It is vital that doctors take a realistic account of all the risks of assault and build a comprehensive and supportive approach to the problem so as to ensure the safety in workplaces. From another study, Incidences of patient's party assaulting the treating doctor are a common scenario nowadays all over India. Many incidents of strikes, closing down of emergency service,sit in protest following alleged assault of duty doctor has been reported frequently in media from different parts of the country.[8]

Miscommunication by physician causes attendants to have unrealistic or too high expectations for patient recovery.Hence it is important to emphasize the patient's prognosis to the attendants in a lucid manner. As a doctor trained in India,I can say that Indian medical schools are excellent in imparting medical training to their students however teaching to be empathetic toward the patient is seriously lacking.Young doctors fresh out of medical school are often not empathetic enough with the attendants, leading to a sense of perceived neglect.[3] The most common psychological effects are reduced job satisfaction and fear[10] Healthcare workers are nearly four times more likely to be injured and require time

away from work as a result of Work Place Violence than all workers in the private sector combined11The actual extent of the problem is estimated to be substantially bigger. Healthcare workplace violence remains grossly neglected and under-reported.Approximately 70 to 80% of incidents are never reported.[12]

Conclusion

Violence remains an under-reported phenomenon. Only half of doctors were aware about the reporting procedures yet half of them didn't know how to use them.Also,all those who did not report considered it unimportant and were afraid of negative consequences. This highlights the need to encourage reporting of violence among afflicted healthcare workers and to develop institutional mechanisms for speedy measures to avoid such events.Treating doctors need to ensure effective communication with their patients.Periodic updates to the patient party regarding the condition of the patient should be ensured such that timely communication is maintained which helps in relieving the anxious and stressful moments while waiting. Identification and estimation of the severity of this rapid growing threat is only possible if we have adequate reporting mechanism & also awareness among the respondents.The healthcare organisation is following the culture of "no data no problem" this perception among them needs to be addressed accordingly. This study attempts to highlight the Tertiary care hospital administration to sensitize the healthcare workers on these issues.

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