

WORKPLACE VIOLENCE EXPERIENCED BY DOCTORS IN HOSPITAL-BASED SETTINGS IN KASHMIR.

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Abstract: The increasing level of violence against doctors in the workplace is a major source of stress for these healthcare workers. Numerous incidents of workplace violence against doctors have been reported in the past and continue to be reported in different parts of the country and around the world. Healthcare workers are primarily exposed to reactive violence from patients and their caregivers, which affects their mental and physical well-being. When employees are stressed about safety, it can lead to post-traumatic stress disorder (PTSD), affecting work performance and leading to burnout. It also negatively impacts patients who are deprived of quality care that meets their real needs during difficult times. This study was conducted to determine the prevalence of workplace violence among doctors in healthcare settings in Kashmir. The required sample size with a 95% confidence interval and a prevalence of 54.9% was estimated at 417 and derived using convenience sampling. The cross-sectional study was conducted using a pre-tested and pre-designed, semi-structured questionnaire. Results showed that 75% of doctors reported having experienced workplace violence in the past 12 months. Medical, surgical and related emergency services reported 100% of abuse cases. The obstetrics and gynecology department reported 97.5% of violent crimes, while the medical and allied departments reported 88.2% of violent crimes. Maximum (95.6%) of the reported cases involved verbal abuse and 1.91% physical abuse. Many doctors have faced violence in hospitals in Kashmir over the past 12 months. Verbal abuse has become the most common form of violence among doctors.

Keywords: healthcare workers, verbal abuse, physical abuse, healthcare facilities, Doctors

INTRODUCTION

The increasing violence against doctors in the workplace is a major source of stress for these healthcare workers. Numerous incidents of workplace violence against doctors have been reported in the past, and reports are also continuing to come from different parts of the country and the world. Workplace violence (WPV) is a harmful problem that encompasses a spectrum of violent behavior and threats against workers, occurring both in and outside the workplace (1). These behaviors can include verbal abuse, physical assaults and even homicide, and can affect workers in all areas of healthcare.

In developing countries, WPV has had particularly detrimental effects on health systems and hampered their overall effectiveness (2). The 2015 draft national health policy showed that an

increasing number of households face catastrophic health care costs (18% of all households in 2011-2012 compared to 15% in 2004-2005) (3). Therefore, violence (verbal, physical and emotional) in hospitals has been recognized as a major problem for health care providers in developing countries, where people have to bear their own health care costs, which can be many times abnormally high. But the problem is not limited to developing countries, the incidence of violence is also significantly high in developed and affluent countries where health is a matter of government and money is not an issue (4). The problem of violence against doctors is not a regional anomaly but a global dilemma (5). In the United States, studies from the 1980s showed that more than half of emergency responders were threatened with a gun (6). Also in the UK, almost half of the doctors reported having been victims of some kind of assault (7). In Asian international locations including China, Israel, Pakistan and Bangladesh, the superiority of violence against healthcare professionals has been reported to be higher compared to Western countries (8). According to the Indian Medical Association, up to 75% of doctors in India face some form of workplace violence, which is comparable to rates in other countries in the region. This underscores the urgent need for strategies to combat WPV against healthcare workers, both in India and globally. Violence in hospitals also falls within the broad definition of workplace violence, which can be defined as “incidents where staff are abused, threatened or assaulted in connection with their work, including commuting to and from work, which is an explicit or implied challenge to their safety, well-being or health” (9). The World Health Organization (WHO) has launched a global campaign to prevent violence (10). It has been estimated that health workers are the professionals most at risk of violence in their workplace (11). Healthcare workers are almost four times more likely than all private sector workers combined to be injured as a result of workplace violence and need time off work (12). Common symptoms include a higher burnout rate, low self-esteem, and self-destructive aggression (13).

The most important work-related violence in the health care system is patient and visitor violence (PVV) (14, 15). PVV is any verbal, non-verbal, or physical behavior that threatens others or property, as well as physical behavior that harms others or damages property (16). Considerable effort has been expended to understand PVV in psychiatry. However, less effort has been made in general health care (17). There is a lack of risk factors associated with violence between doctors and patients in the hospital setting.

The Indian government has addressed the growing problem of violence against doctors through various State Government Acts and the Diseases Ordinance Amendment Act 2020 (1). Despite these measures, cases of violence against doctors continue to increase, which is why it is necessary to understand the seriousness of this problem. So, the present study aimed at examining the types of violence experienced by doctors in various departments in hospital based settings in Kashmir.

AIMS AND OBJECTIVE

To determine the prevalence of workplace violence among doctors in the hospital-based settings in Kashmir.

MATERIAL AND METHODS

A cross-sectional study was conducted in primary, secondary, and tertiary level of healthcare settings in Kashmir over a period of 1 month. Sampling was stratified by healthcare facility type at the administration level. Specifically, primary care facilities provide healthcare at the PHC level; secondary healthcare settings are located at the district level, while tertiary healthcare settings consist of medical colleges. Convenient sampling of primary, secondary and tertiary healthcare facilities across Kashmir division in public sector was undertaken. The sample size was calculated to be 417 considering the prevalence of violence to be 54.9% with confidence level of 95%, 5% allowable error and 10% non-response rate. (Applying the formula $n = z^2 pq / L^2$, where p is prevalence, q= 1-p and L is the allowable error. The study population included doctors involving direct interaction with patients: residents along with interns (with an experience greater than 6 months) and medical officers.

The purpose of the study was informed to each participant and they were also informed of the fact that each of them was free to withdraw any time. Assurance was given to them concerning confidentiality. After this, pre tested, pre designed, semi- structured questionnaire with 62 questions under broad headings such as data related to the workplace, incidences at work, violence prevention policy of the institution, reporting of incidences and follow-up, education and training for violence management was mailed to the participants.

Working definitions

Workplace violence (WPV)

Workplace violence was defined as any event where workers were subjected to abuse, threats, or assault in connection with their work, including while commuting to or from work, which poses an explicit or implicit threat to their safety, well-being, or health. Such incidents can take various forms, such as physical assault, homicide, verbal abuse, bullying or mobbing, sexual and racial harassment, and psychological stress.

Physical Violence

The use of physical force against another person or group results in physical, sexual, or psychological harm. It includes beating, kicking, slapping, stabbing, shooting, pushing, biting, and pinching, among.

Emotional Violence

Emotional abuse involves controlling another person by using emotions to criticize, embarrass, shame, blame, or otherwise manipulate them. While most common in dating and married relationships, mental or emotional abuse can occur in any relationship—including among friends, family members, and co-workers.

Verbal Abuse

Verbal abuse was characterised as the subjective experience of being subjected to professional or personal attacks, devaluation, or humiliation through spoken language. This type of abuse could

take various forms, such as the use of derogatory remarks, abusive or offensive language, and profane or obscene comments (1).

Statistical Analysis

Data was compiled on a MS-Excel sheet and was analyzed using appropriate statistical tests (chi-square test, Fisher-exact test) with the help of IBM SPSS (Statistical Package for Social Services) Statistics for Windows (IBM Corp. Released 2012, Version 21.0. Armonk, NY: IBM Corp). The p-value of <0.05 was considered to be statistically significant.

ETHICAL CONSIDERATION

Approval for the study was sought from the Institutional Ethical Committee (IEC), SKIMS.

Results

Table 1: Demographic profile of the study participants (n= 417)

Variable	n (%)
Gender	
Males	239 (57.3)
Females	178 (42.7)
Age	
20-25	295 (70.7)
Above 25	122 (29.3)
Specialty	
Medicine and allied branches	68 (16.3)
Surgery and allied branches	21 (5.1)
Obstetrics and gynecology	119 (28.5)
Emergency	106 (25.4)
Others	103 (24.7)
Healthcare facility	
Primary healthcare	61 (14.6)
Secondary healthcare	102 (24.5)
Tertiary healthcare	254 (60.9)

As shown in table 1, 239 (57.3%) of the 417 study participants were men. 295 (70.7%) were between the ages of 20 and 25. The distribution of doctors by specialty revealed that the maximum doctors were from the specialty of obstetrics and gynecology (n= 119; 28.5%), followed by the specialty of emergency (n= 106; 33.7%). The majority of the 417 study participants worked in tertiary health care (n= 254; 60.9%), followed by secondary health care (n= 102; 24.5%).

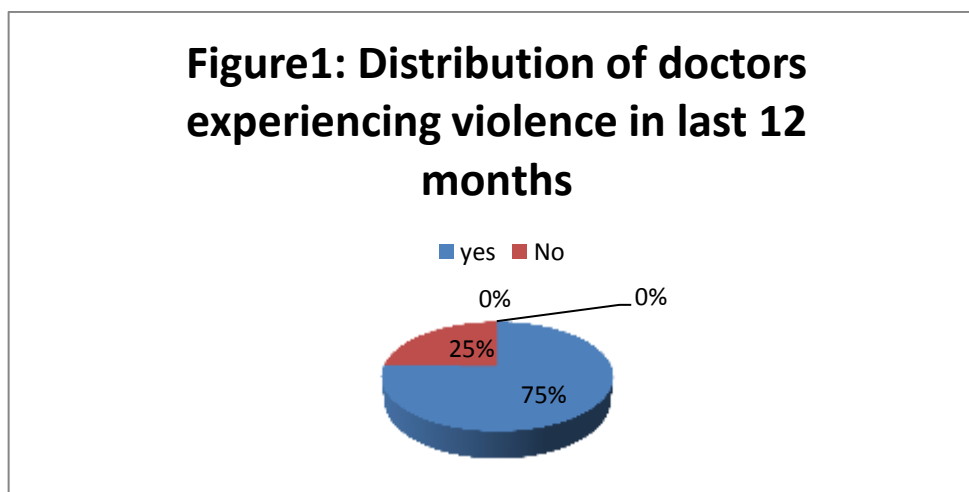


Figure 1 depicts the distribution of study participants who experienced violence in the previous 12 months. Majority of the study participants (75%, n=314) experienced violence and 25% (n=103) did not experience any type of violence.

Table 2: Distribution of doctors experiencing different type of violence

Type of violence	Frequency (n)	Percentage (%)
Physical abuse	06	1.9
Verbal abuse	301	95.9
Emotional abuse	07	2.2
Total	314	100

As depicted in Table 2, out of 314, 6 (1.9%) of the study participants experienced physical abuse, 301 (95.9 %) experienced verbal abuse and 7 (2.2%) experienced emotional abuse.

Table 3: Distribution of doctors experiencing violence in last 12 months according to gender

Gender	Yes	No	Total	p value
Male	203 (84.9%)	36 (15.1%)	239 (100%)	<0.001
Female	111 (61.8%)	67 (38.2%)	178 (100%)	
Total	314 (75.3%)	103 (24.7%)	417 (100%)	

As depicted in Table 3, the proportion of male doctors (84.9%) who suffered was higher than the female doctors (61.8%). This distribution was observed to be statistically significant (<0.001) by applying chi-square test

Table 4: Distribution of doctors experiencing violence by the level of healthcare settings

Healthcare facility	Violence		Total	p value
	Yes	No		
Primary healthcare	3 (4.9%)	58 (95.1%)	61 (100%)	<0.001
Secondary healthcare	72 (70.6%)	30 (29.4%)	102 (100%)	
Tertiary healthcare	239 (94.1%)	15 (5.9%)	254 (100%)	
Total	314 (75.3%)	103 (24.7%)	417 (100%)	

As depicted in Table 4, using the chi square test, it was observed that doctors working in tertiary healthcare suffered 94.1% of the violence, while doctors working in secondary healthcare experienced 70.6% of the violence. Doctors practicing in primary healthcare suffered the least violence (4.9%). The association was found to be statistically significant.

Table 5: Percentage distribution of doctors experiencing violence as per their specialties in last 12 months.

Specialty	Yes	No	Total	p value
Medicine and allied branches	60 (88.2%)	8 (11.8%)	68 (100.0%)	<0.001
Surgery and allied branches	21 (100.0%)	0 (0.0%)	21 (100.0%)	
Obstetrics and gynecology	116 (97.5%)	3 (2.5%)	119 (100.0%)	
Emergency	106 (100.0%)	0 (0.0%)	106 (100.0%)	
Total	303 (96.5%)	11 (3.5%)	314 (100.0%)	

As depicted in Table 5, Study of occurrence of violence in various specialties revealed that in emergency , out of 106 study participants all the study participants i.e., 106 (100%) experienced violence in the last 12 months followed by surgery and allied branches that included General surgery, Orthopedics, ENT and Ophthalmology where out of 21 study participants all the study participants i.e., 21 (100%) experienced violence followed by obstetrics and gynecology where out of 119 study participants, 116 (97.5%) experienced violence in the last 12 months. Medicine and allied branches that included General Medicine, Psychiatry, Pediatrics, Dermatology with 68 participants out of which 60 (88.2%) of the participants experienced violence. This distribution was observed to be statistically significant (p-value 0.017) after applying chi-square test.

Discussion

This study tried to elucidate the various aspects related to episodes of violence encountered by the doctors during their working hours. Paucity of resources adds high stress among the patients and attendants and leads to frequent episodes of open confrontation between doctors and patients in many cases. Despite the best efforts, the frequency of episodes where doctors fall prey to violence has recently started increasing.

The aim of this study was to clarify different aspects of violent episodes that doctors face during working hours. The scarcity of resources increases stress for patients and staff and in many cases, leads to frequent episodes of open confrontation between doctors and patients. Despite best efforts, the frequency of incidents in which doctors are victims of violence has recently increased. Our study had a 100% response rate, showing that the study population was compelled to engage in research on a topic that was of central importance to them. In our study, we observed that the emergency /surgery and allied branches/obstetrics and gynecology specialties had the highest percentage of individuals (100%, 100%, and 97. 5%) who have suffered an episode of violence, as these facilities often house patients who are in difficulty, suffering or in danger of death. The emotional intensity of these situations can result in high levels of stress for patients and their families. When emotions run high, some people may react violently out of frustration, fear, or anxiety. These findings are

consistent with the results of a study by Anand et al. (18) Conducted among resident doctors at the Tertiary Hospital in Delhi as well as studies by Sachdev et al. (19) and Kumar et al. (20) where the emergency speciality has suffered the highest number of violent episodes.

Our study found that 94.1% of the residents experienced violence in tertiary healthcare settings compared to residents working in secondary healthcare settings (70.6%) followed by primary healthcare settings (4.9%). Likewise the study conducted by kumar et al. (20) also reported higher incidence of violence at tertiary healthcare settings, as these facilities cater mostly to the patients who are referred from the adjoining peripheral health centers and are seriously ill and most of them need specialized care involving specialist and super specialists. Paucity of resources adds high stress among the patients and attendants and leads to frequent episode of open confrontation between doctors and patients in many cases.

The nature of the violence has always been an important factor of interest. In our study, approximately 95.9% of incidents involved verbal abuse, 2.2% emotional abuse, and 1.9% physical abuse. These results are comparable to the study by Jegu Ori et al. (21) conducted among postgraduate of Tertiary care Hospital of Manipur and another study by British Physicians (22) in which verbal abuse was more common than physical abuse. However, according to a study by J. Farooq et al. (23), majority of the cases (52.2%) involved physical abuse and verbal abuse was found among 43.5% of the cases. The reason for the transformation of verbal abuse into physical abuse could be a lack of safety measures in the hospital, where patients or their relatives feel dominated when they are more in numbers compared to the staff on duty as commonly seen in evening and night shifts.

Our study found that 75% of residents had some form of WPV, which is 30% higher than that reported by Kumari et al. (24) in their study conducted in New Delhi in 2021. Likewise, the research by Grover et al. (25), Sharma et al. (26) and Anand et al. (18) also reported a lower incidence of WPV among doctors than in our study. Differences in the prevalence rates of workplace violence between studies can be explained by differences in the duration of individual exposure to the phenomenon, the definition of workplace violence used, and the geographic location of the population studied. However, the results of our study are in line with those of Kaur et al. (27) and Jain et al. (28), who conducted nationwide surveys, and Singh et al. (29) in Uttar Pradesh, where similar patterns of violence against doctors in the workplace have also been reported

Limitations

The study design was cross-sectional and participants were asked to recall experiences with WPV that may have been subject to memory bias. Despite its limitations, the study used a pre-tested, pre-designed semi-structured questionnaire for the Indian context to assess the prevalence of WPV. The survey achieved a 100% response rate, indicating a high level of engagement from participants.

Conclusion

Violence in any form is a big source of concern for society. According to the current study, a substantial percentage of doctors were victims of violence, with verbal aggressiveness being the most commonly reported type. Despite the significant prevalence of WPV, reporting of these

incidents is still low due to insufficient assistance and inadequate reporting procedures within the healthcare institution. Violence in healthcare settings clearly has far-reaching implications that extend beyond the medical practitioners themselves, ultimately affecting the quality of healthcare services provided to the general public. It is critical that we prioritize the safety and well-being of medical professionals and take steps to prevent violence in healthcare settings.

CONTRIBUTION STATEMENT: SM. and RT. designed the model and the computational framework and analyzed the data. SM. and RT. carried out the implementation. SM performed the calculations and RT guided for same. SM. and RT wrote the manuscript with input from all authors. RT conceived the study and guided SM for conducting the study. SM & RT contributed equally as first co-authors. RT and AB were in charge of overall direction and planning.

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CONFLICT OF INTEREST: None

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