

Study on Violence against Health Care Providers

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ABSTRACT

Introduction: A health care provider is an individual who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities. Advances in science and technology have revolutionized medical services in the last two decades but for the increasing incidents of violence against health care providers. Aim: The Purpose of this research work was to study the causes of violence against health care providers and analyze the situations that provoke violence and formulate strategies to prevent violence.

Material and Methods: Primary data was collected by Questionnaire-based survey from 112 Health care providers and Interview schedule from 54 general public. Data analysis was done using SPSS 18 applying various statistical tools.

Results: Violence was more commonly experienced in Emergency care units. House Surgeons were mostly the victims of violence. The most common situation that provokes violence as per health care providers was Improper communication, and that of general public opinion is Delayed consultation. There was a positive relationship between the occurrence of violence and the patient and patient attenders under the influence of alcohol at the time of violence.

Conclusion: Increasing number of violence against Health Care Providers is attributed to the communication gap between the patients and doctors. Suggestions are given to avoid such violence in the future.

Keywords: Violence, Health Care Providers, Communication Gap

INTRODUCTION

Advances in science and technology have revolutionized medical services in the last two decades but for the increasing incidents of violence against health care providers. Violence against doctors and other health care providers is in the news with increasing frequency. Many reports concern medical professionals being roughed up, even killed, by patients' disgruntled relatives.^{1,2} Patient dissatisfaction should be considered not as the cause of violence against doctors, but as a symptom of a flawed system that victimizes both patients and doctors alike. Fixing this damaged relationship is at the core of health-care reform, particularly for the promised pillars of primary health care, rational prescribing, and hospital governance.³ The reasons for this violence according to the authors are the poor quality of services coupled with widespread unethical practices by the medical profession has to lead to increased violence against the healthcare professionals which has highlighted the importance of patients satisfaction and patient safety. It has also highlighted numerous cases of violence against healthcare professionals leading to the death of some doctors as well as nurses.⁴

The need was felt to study violence against health care providers to increase awareness of the risk factors for violence in hospitals and to provide strategies for reducing exposure to these factors. A doctor was murdered by a patient's attender as an act of revenge for the patient's death in Thoothukudi early in 2012.⁵ Hence this study on violence against health care providers is conducted in the Thoothukudi region to start with and with the outcome of this study strategies to prevent such violence in the future can be framed.

This study can further be extended involving the entire State of Tamil Nadu and the entire country to ensure safe practice of Medicine in India.

Study aimed to analyse the situations that provoke violence against health care providers like doctors, staff nurses and other hospital workers, to identify who are at risk of such violence, to analyse the influence of alcoholism in the violence and to formulate strategies to resolve and to prevent violence

MATERIAL AND METHODS

The research design was purely Descriptive Research design where the problem statement is clearly stated with objectives. This study involved two sets of samples. Health care providers which included Doctors, staff nurses, laboratory technicians, pharmacist, hospital administrators and other paramedical involved in patient care. General public which included patients, patient attenders attending clinics and hospitals. Questionnaire-based survey was done among the health care providers working in various hospitals in Thoothukudi region with a structured undisguised questionnaire. The interview schedule was used to collect data from patients and their attenders attending various hospitals in Thoothukudi region using a pre-structured questionnaire. Data regarding violence in various departments, opinion of general health care providers and the general public were recorded. Alcohol influence in health care providers violence

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How to cite this article: V. Surya Pratibha, K. Kannan, Heber Anandan. Study on violence against health care providers. International Journal of Contemporary Medical Research 2018;5(11):K1-K3.

DOI: <http://dx.doi.org/10.21276/ijcmr.2018.5.11.2>

was recorded. Reason for not reporting the violence to the authority was recorded.

RESULTS

By Comparative Mean Analysis it was found that violence is more commonly experienced in Emergency care units. The training doctors (CRR) were mostly the victims of violence (Table 1). Health Care Providers experience Verbal violence (Weighted average 21.07) more commonly than other forms of violence such as physical (11.4) and sexual violence (7.8).

Department	Mean Violence
Medical ward	5.0000
Surgical ward	5.3750
Emergency care units	5.5000
Critical care units	5.4667
Paediatric ward	4.4000
Physician	4.6316
Surgeon	5.3846
Staff nurse	5.2778
Paediatrician	5.0000
Aneasthetist	5.6667
House Surgeons	6.1765

Table-1: Who are at risk?

Situations	Weighted Average
Death Disclosure	17.267
Critical condition of Patient disclosure	15.867
Payment of fees/hospital expenses	12.33
Delayed consultation	16.867
Improper communication	18.13
Others	9.533

Table 2 Health Care Providers Opinion

Situations	Weighted Average
Death Disclosure	6.733
Critical condition of Patient disclosure	5.8
Payment of fees/hospital expenses	6.467
Delayed consultation	8.933
Improper communication	7.667
Wrong treatment	7.733

Table-3: General Public Opinion

Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	79.818	1	79.818	64.006	.000
	Residual	137.174	110	1.247		
	Total	216.991	111			

Table 4 Influence of Alcohol

Reasons	Total	Weighted Average
Fear of Further attacks	362	24.133
Felt shame of the incidence	338	22.533
Felt as a trivial matter to report	386	25.733
Lack of confidence in higher officials response	409	27.267

Table-5: Reasons for non reporting

Redressal mode	Health care providers		General public opinion	
	Score	Rank	Score	Rank
Arbitration	362	2	195	1
Monetary Compensation	288	3	115	3
Legal	420	1	179	2

Table-6: Garret Rank Analysis

Violence against health care providers mostly occurs within the hospital campus. Patients attenders and by standers are involved in such violence rather than the patients themselves. The most common situation that provoked violence as per health care providers was Improper communication (Table 2) and that of general public opinion is Delayed consultation (Table 3).

By Karl Pearson Correlation Coefficient Analysis, the coefficient is positive (0.606), there was a positive relationship existing between the frequency of violence experienced by the Health care providers and the persons involved in violence under the influence of alcohol in such violence. By Regression analysis, the extent of influence of Alcohol on the frequency of violence experienced was 36.8% (Table 4).

Most common reason for Health care providers not reporting the violence to the higher officials was lack of confidence in higher officials response (Table 5). As per the Garret Rank Analysis of health care providers opinion the Legal means of redressal is preferred while the public prefers the arbitration as mode of redressal in cases of violence against Health care providers (Table 6).

Violence was more commonly experienced in Emergency care units (Mean violence 5.5). Training doctors (CRR) were mostly the victims of violence (Mean violence 6.1765). Health Care Providers experience Verbal violence more commonly than any other forms of violence. The most common situation that provoke violence as per health care providers is Improper communication and that of general public opinion is Delayed consultation. As per the health care providers opinion the Legal means of redressal is ranked 1 while the public prefers the arbitration as mode of redressal. There was a positive relationship existing between the frequency of violence experienced by the Health care providers and the influence of alcohol in such violence was 36.8%.

DISCUSSION

Workplace violence is a growing problem for healthcare providers, particularly for those in the Emergency Department, with its increasing frequency and severity. When the reasons are investigated; lack of preventive policies, educational inadequacy, unwillingness to report assaults as a result of a consideration of violence as a routine by the staff and unmet expectations of patients and their family may be listed.^{6,7}

In the US, data indicate that hospital workers are at high risk for experiencing violence in the workplace. According to estimates of the Bureau of Labor Statistics (BLS), 2,637

nonfatal assaults on hospital workers occurred in 1999—a rate of 8.3 assaults per 10,000 workers. This rate is much higher than the rate of nonfatal assaults for all private-sector industries, which is 2 per 10,000 workers.⁸

Physical aggression was found to be most frequent in mental health, nursing homes, and emergency departments while verbal aggression was more commonly experienced by general nurses⁴. The reasons for this violence according to a study are the poor quality of services coupled with widespread unethical practices by the medical profession has to lead to increased violence against the healthcare professionals which has highlighted the importance of patients satisfaction and patient safety.⁴

Accident and Emergency department is more vulnerable to violence. All the security attendants and medical postgraduates faced some violence. Among the prominent reasons for violence are arrogant staff and attendants, the huge rush of patient attendants, patients not satisfied with treatment.²

Poor communication causes a lot of misunderstanding and hinders work. During treatment, doctors should try to develop a continuing supportive environment and collaborative relationship.⁹

The practice of good communication skills in the medical profession is integral for the development of the meaningful and trustworthy relationship between the doctors and patients. It is also useful in managing difficult clinical encounters and thus decreases the frustration of both the doctor and the patient or attendant in situations of emotional outbursts.¹⁰

Poor communication skills of an inexperienced clinician can ruin the goal of providing support to the patient and eliciting patient's collaboration for future treatment. Studies have demonstrated that many doctors lack competence as well as confidence in their ability to divulge bad news and there is the necessity to provide didactic training.¹¹

CONCLUSION

Increasing the number of violence against Health Care Providers is attributed to the communication gap between the patients and doctors which can be bridged by improving the communication skill of Healthcare professionals.

Increasing the Doctor-Patient Ratio and Healthcare providers being punctual in their appointments ensures prompt delivery of services and prevent occurrences of violence due to delayed consultation in future. Implementation of Violence Registry and Doctor-Patient Redressal Committee can pave the way to the safe practice of medicine in future. Its high time for a good and cordial Patient-Doctor Relationship which can be established by behavioral modification of Doctors and also Patients. Doctors need to be compassionate, kind and should not lose temper while the patient should show gratitude and have confidence in health care providers.

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Source of Support: Nil; **Conflict of Interest:** None

Submitted: 24-08-2018; **Accepted:** 25-09-2018; **Published:** 09-11-2018