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Original Research Article

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Study of workplace violence, its risk factors and perceptions about workplace security in doctors of Paithan

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ABSTRACT

Background: Of all work settings, hospitals carry the greatest risk of verbal abuse and threats, with 73% of staff on medical premises suffering abuse. The scenario in Indian subcontinent is also not so bright. Doctors are frequently assaulted in India as well where doctors are shot, even stabbed. Thus this study was undertaken to know the exact prevalence of such incidences in Paithan taluka of Aurangabad district.

Methods: A community based cross-sectional study was done in the Paithan taluka of Aurangabad district in Maharashtra from October 2015 to December 2015. All the doctors in the urban as well as rural areas of Paithan were interviewed to know their experiences about episodes of workplace violence (WPV) during last 12 months as well as their lifetime experiences. Some of the factors associated with the WPV were also asked along with the perceived reasons for such type of incidences.

Results: The prevalence of workplace violence in the last 12 months was found to be 63.41%, whereas the lifetime prevalence was found to be 78.05%. It was observed that 21.95% of the doctors were demanded for extortion money and 11.27% experienced intentional destruction of their hospital property. Workplace violence was seen to be significantly more associated with younger doctors, highly educated doctors, doctors in government service and doctors with comparatively lesser practice experience. Lack of communication was perceived by the doctors as the most common reason for these incidences.

Conclusions: Workplace violence is emerging as a bane to the medical profession and has to be dealt with urgently. Poor communication with patients along with other factors should be dealt with to mitigate this problem.

Keywords: Workplace violence, Assault on doctors, Communication

INTRODUCTION

In India, health-care is probably the only profession which still works on welfare model (at least in the government institutions) in the midst of a predominantly capitalistic society. This ensures a prioritized and affordable healthcare delivery to the community as a whole. However, violence against doctors is seriously threatening this present situation.

Workplace violence (WPV) and aggression is considered to be an important occupational hazard in healthcare settings worldwide and is a subject of increasing interest lately, both in the developed and developing countries. Although WPV is just a symptom of overall health system dysfunction, it cannot be ignored. Peaceful environment at hospitals is very essential for proper treatment of the patients as well as for the doctors to work without any fear or stress. ³

It has been proved that the doctors who face such type of violence may land up into health disorders like depression, post-traumatic stress disorder, agoraphobia and even a level of anxiety and/or fear that can cause absenteeism at work.⁴ Studies from abroad show that such acts of violence have a long lasting negative impact on the doctor's family life and quality of life. In a study conducted in Kuwait, 86% of the doctors who faced such violence reported that it caused depressions, insomnia and other effects.⁵

WPV is also known to affect the approach of doctors while treating patients. Doctors who faced such violence are tempted to refer the aggressive or threatening patients to other hospitals. In a study, it was revealed that 27% of the doctors reported their approach towards work changed due to violence or the fear of violence after such episodes.

On a whole, this deranged relationship between doctor and patients is affecting the society at large. The implicit trust in the doctor-patient relationship is about to break. The time when doctors were seen as god has given way to a time when they are seen as evil, at least by some. Solution for this menace has to be sought at the earliest. For this, the magnitude of the problem along with its reasons and causes has to be found. Also, very limited studies have been conducted on this topic in India.

Thus this study was performed to know the prevalence of WPV among doctors in Paithan taluka and to know some of the factors associated with it.

Objectives

- 1. To study the prevalence of workplace violence (WPV) against doctors in Paithan taluka.
- 2. To study some factors associated with workplace violence.
- 3. To know the reasons for workplace violence amongst doctors from the doctor's perspective.
- 4. To know the perceptions of the doctors about workplace security and measures they practice to raise the security levels.

METHODS

A cross-sectional study was conducted in the Paithan taluka of Aurangabad district in Maharashtra from October to December 2015. All the doctors working in Government & private hospitals from the urban and rural areas were interviewed.

Predesigned and pre-tested questionnaire was used for the interview. Professional information of the doctors like degree of doctor, type of hospital, area of practice, specialty, etc. was collected. The definition of workplace violence used in our study was that given by the International Labour Organization which defines Workplace violence (WPV) as "Incidents where staff are

abused, threatened or assaulted in circumstances related to their work".

Information regarding their experiences about frequency of episodes of WPV in their professional career during the last 12 months as well as their lifetime experiences about it in different phases of their career was noted. The doctors were also asked about security at hospitals and the law for preventing violence against doctors. Open ended question was asked to know their perception about the causes of this type of incidences.

The WPV was categorized into "Verbal abuse", "Threat of assault" and "Physical assault". The definitions used for these were:⁸

Verbal abuse

Behavior that departs from reasonable conduct and involves the misuse of physical and psychological strength. It includes harassment, bullying and mobbing

Threat to assault

Encompass the menace of death, or the announcement of an intention to harm a person or to damage their property.

Physical asault/attack

Any attempt at physical injury or attack on a person including actual physical harm.

The frequencies of violence were categorized as "Never", "Rarely (>once in 12 months)", "Occasionally (once per month)", "Sometimes (2-3 times per month)", "Often (once per week)", "Frequently (2-5 times per week)" and "Always (once daily or more)". For lifetime experiences, whether they experienced WPV in "Internship", "residency", "early practice (< 5 years)", "late practice (≥ 5 years)", "early service (< 5 years)" and "late service (≥ 5 years)" was noted.

The data was compiled, analyzed and tabulated using the Microsoft Excel 2010 software. Chi-square test was applied using OpenEpi software version 3, whereas independent sample t-test was applied using SPSS (Statistical Package for Social Sciences) software version 23.

RESULTS

A total of 82 doctors from Paithan taluka were interviewed. Both urban and rural areas were covered. Similarly, doctors having their private practices as well as those from government hospitals were interviewed.

Of these, 54 (65.85%) doctors were from the rural areas whereas the remaining 28 (34.15%) were from urban area. 71 (86.59%) of the doctors were private practitioners, while the remaining 13.41% were

government employees. It was observed that 68.29% of the hospitals were having out-patient department (OPD) only, as against 31.71% hospitals with IPD services in addition to OPD services. It was found that 57.32% of the doctors were having BAMS or BHMS as their educational qualification. Only 14.63% of the doctors had specialty post-graduate degree. About 80.49% of the practitioners were general practitioners (Table 1).

Table 1: Professional profile of the doctors.

Characteristics of Doctors	Frequency	Percentage				
Age (n=82)						
< 30	23	28.05				
30-50	39	47.56				
> 50	20	24.39				
Sex (n=82)						
Males	72	87.80				
Females	10	12.20				
Area of practice (n=82)						
Rural	54	65.85				
Urban	28	34.15				
Degree (n=82)						
Specialist	12	14.63				
MBBS	11	13.41				
BAMS & BHMS	47	57.32				
Others	12	14.63				
Specialty (n=82)						
General practice	66	80.49				
Medicine and related branches	07	08.54				
Surgery and related branches	06	07.32				
Homeopathy & Ayurveda	03	03.66				
Hospital of practice (n=82)						
Private	71	86.59				
Government	11	13.41				
Duration of practice (n=82)						
< 10	41	50.00				
11-19	20	24.39				
≥ 20	21	25.61				
Type of hospital (n=82)						
OPD	56	68.29				
IPD	26	31.71				

The prevalence of WPV in the last 12 months was found to be 63.41%. Of those who experienced WPV, 62.13% of the doctors experienced verbal abuse, 34.15% faced threats to assault and only 3.66% faced physical violence in the last 12 months. It was observed that 62.2% of the doctors faced verbal abuse once or more than once in last 12 months as against 34.2% and 3.7% who faced threats to assault and physical assault respectively (Figure 1).

The overall lifetime prevalence of WPV was found to be 78.05%. Of those who experienced WPV, 73.17% of the doctors experienced verbal abuse, 48.78% faced threats to assault and only 6.10% faced physical violence at any

time in their life. It was seen that the lifetime experiences for WPV were more during early phases of career with 61.67% faced verbal abuse and 55% faced threats to assault (Figure 2).

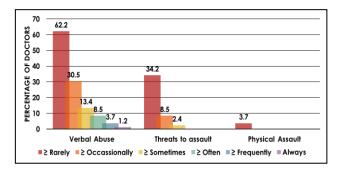


Figure 1: Cumulative frequencies of workplace violence in doctors in last 12 months.

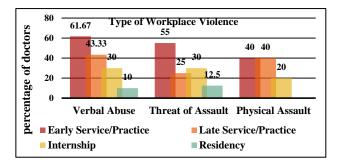


Figure 2: Lifetime experiences of workplace violence in doctors.

Apart from the WPV, other workplace hazards like "Extortion of money" and "Intentional destruction of hospital property" were also observed. The lifetime prevalence for money being extorted from the doctor was found to be 21.95%, whereas that for intentional destruction of property was found to be 11.27% (Table 2).

Table 2: Prevalence of various workplace hazards to doctors.

	Prevalence
Workplace violence in last 12 months	63.41%
Workplace violence in lifetime#	78.05%
Extortion of money#	21.95%
Intentional destruction of Hospital property [#]	11.27%

When various hospital-related & doctor-related factors were tested for association with the history of WPV, the factors like age of the doctor, his/her degree, hospital of practice, duration of practice and type of hospital were found to be statistically significant. The prevalence of violence was found to be significantly more if the doctor was younger (p=0.005), highly educated (p=0.0012), in government service (p=0.0057), less experienced (p=0.024) and if the hospital had an in-patient department (p=0.0135) (Table 3).

Table 3: Some factors associated with the WPV amongst doctors

	Workplace violence (n=52)	No workplace violence (n=30)	Total (n=82)	p value	Odds Ratio (95% Confidence Interval)		
Sex of the doctor							
Males	46 (63.89)	26 (36.11)	72 (100)	0.9115#	1.18		
Females	06 (60.00)	04 (40.00)	10 (100)	0.9113	(0.30 - 4.57)		
Age of the doctor (in years)							
≤ 30	17 (73.91)	06 (26.09)	23 (100)		3.67 (1.28 – 10.47)		
31-50	27 (69.23)	12 (30.77)	39 (100)	0.005			
> 50	08 (40.00)	12 (60.00)	20 (100)				
Degree of the doctor							
Specialist	11 (91.67)	01 (08.33)	12 (100)				
MBBS	08 (72.73)	03 (27.27)	11 (100)	0.0012#	3.74		
BAMS & BHMS	31 (65.96)	16 (34.04)	47 (100)	0.0012	(1.13 - 12.36)		
Others	02 (20.00)	10 (80.00)	12 (100)				
Type of Hospital							
Private	41 (57.75)	30 (42.25)	71 (100)	0.0057*			
Government	11 (100.00)	00	11 (100)	0.0057**			
Duration of medic	Duration of medical practice (in years)						
< 10	29 (70.73)	12 (29.27)	41 (100)		4.21		
10 – 19	15 (75.00)	05 (25.00)	20 (100)	0.024			
≥ 20	08 (38.10)	13 (61.90)	21 (100)	_	(1.48 - 11.94)		
Location of hospit	al						
Rural	33 (61.11)	21 (38.89)	54 (100)	0.5476	0.74		
Urban	19 (67.86)	09 (32.14)	28 (100)	0.3476	(0.28 - 1.95)		
Hospital facilities							
IPD	22 (84.62)	04 (15.38)	26 (100)	0.0135#	4.77		
OPD	30 (53.57)	26 (46.43)	56 (100)	0.0133	(1.45 - 15.63)		

(Figures in the parenthesis indicate percentages)

Table 4: Reasons for WPV as perceived by the doctors.

Reason	S	Frequency	Percentage				
Doctor related							
1.	Poor communication	27	32.93				
2.	Poor ethics / dedication / empathy by doctors	05	06.10				
3.	Lack of faith in doctors	07	08.54				
Patient related							
1.	Poor education	07	08.54				
2.	Poor knowledge / awareness	08	09.76				
3.	Economic problems	06	07.32				
4.	Emotional issues	01	01.22				
Social pathology							
1.	Easy money by extortion	03	03.66				
2.	Alcoholism	02	02.44				
3.	Political interference	06	07.32				
4.	Wrong attitude of patient & relatives	08	09.76				
Other							
1.	Inadequate & non-functional law	02	02.44				
2.	Poor hospital infrastructure, availability of drugs and inadequate manpower	07	08.54				

^{*}Fisher exact test, *With Yates correction, \$Independent sample t-test/

It was observed that the communication gap (32.93%) was the most commonly perceived reason for the violence against doctors. This was followed by the patient related reasons which accounted for 26.84% of the responses. The reason of social pathology accounted for 23.18% of the answers (Table 4).

When asked about the safety levels of today's medical practice, 71.95% of the doctors felt that medical practice was safer previously than today. About 70.73% of the doctors felt it necessary to have security at the hospitals, while only 45.12% of the doctors used some sort of security at their hospitals. 89.02% of the doctors felt that the existing law for violence against doctors is inadequate and should be stricter.

DISCUSSION

This study was performed in the Paithan Taluka from October 2015 to December 2015 and all the doctors in that area were interviewed. Thus this study reflects the results for the doctors working in rural as well as urban areas.

We found the overall prevalence of WPV in the last 12 months to be 63.41%. This finding was consistent with the findings of Hobbs F.D.R. who found the prevalence to be 63%. The prevalence of 'verbal abuse' was found to be 62.20%, while that of 'threat to assault' and 'physical assault' was found to be 34.15% and 3.66% respectively. Iluz et al observed the prevalence of verbal abuse to be 56%, which were lower than our study, while Koukia et al found it to be higher (76.8%) than our study. 9,10

Thus, even though the prevalence of physical assault was found to be low, the verbal abuses and threats were seen to be fairly common. Even the frequency of verbal abuse was on higher side with 30.49% of the doctors experienced one or more of such episodes in a month. Similar to our study findings, Ness et al, Koukia et al and Iluz et al also found verbal violence to be the most common form of WPV.

Along with the higher prevalence of WPV in last 12 months (63.41%), higher lifetime prevalence (78.05%) was also observed among the doctors. Along with the higher prevalence of WPV, doctors also experienced other workplace hazards like extortion of money (21.95%) and intentional destruction of property (11.27%) by the patients or their relatives at some point of their career.

The lifetime incidences of verbal abuse were reported to be greater in early phase of service/practice (61.67%) than the late phase of service/practice (43.33%). WPV was found to be significantly more in younger doctors (p=0.005) and in doctors with lesser experience of medical practice (p=0.024). These findings reflect the vulnerability of the medical practitioners during the early phase of their career. Similar findings were observed by

Kitaneh et al in their study in Palestine and Xing et al in their study about WPV in nurses. 12,13

The WPV was also found to be significantly more in highly educated doctors (p=0.0012) and in doctors having in-patient department in their hospitals (p=0.0135). This may suggest that the doctors working in the in-patient department or the specialist doctors, who work in high risk environment due to handling of serious patients, faced more workplace violence. Contrary to our study, Kitaneh et al found higher proportion of WPV in healthcare workers with lower level of education. The doctors working in the government hospitals also experienced significantly more (p=0.0057) violence.

Communication gap was identified by 32.93% of the doctors to be a reason for WPV. Patient related causes (26.84%) and various social pathologies (23.18%) were identified as the next leading reasons. Poor infrastructure, drugs and manpower was given as a reason for WPV by 8.54% of doctors, all of which were government employees.

Most of the doctors were aware about the above mentioned workplace hazards as evident from the fact that about 70.73% of them felt it necessary to have some sort of security at their hospitals, but in actual practice only 45.12% of them had it at their hospitals. About 89% of the doctors felt that the existing law for violence against doctors is inadequate and should be stricter.

CONCLUSION

Workplace violence against doctors was highly prevalent and a frequent problem with our study showing 63.41% prevalence in the last year. Its lifetime prevalence was also seen to be high with 78.05% of doctors experienced it at some stage of their professional career. It was seen to be associated with factors like younger age of the doctor, less medical practice experience, higher qualification of doctor, doctors in government service and in hospitals with in-patient department. Along with WPV, other workplace hazards like extortion of money (21.95%) and intentional destruction of property (11.27%) were also noticed in substantial proportions. Poor communication (32.93%) between doctor and patient was perceived as the most important factor for WPV by the doctors.

Recommendations

- In view of higher prevalence of WPV, the professional bodies of doctors should take measures towards educating doctors to anticipate and diffuse such incidences. These bodies should also take efforts to make doctors aware about the law against such violence.
- 2. Younger doctors and those with lesser experience should be targeted for such educational activities as they were seen to be more prone for WPV.

- 3. Security levels at the hospitals should be raised, especially at hospitals with in-patient department.
- As communication was perceived as the most important cause for WPV, doctors should emphasize on good communication with the patient and their relatives.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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