

## Letter to the Editor

# Violence against health workforce in Bangladesh: a call for action

Sir,

Violence against health workforce has become a public health concern affecting the lives of the health professionals and the overall health service delivery to a greater extent.<sup>1</sup> Common forms of workplace violence faced by healthcare professionals include verbal abuse, physical assault, bullying, sexual harassment and racial harassment.<sup>2</sup> The scenario is more severe in low and middle-income countries where physicians, nurses and other health workers get exposure to such horrifying experiences in their day-to-day activities and Bangladesh is no exception in this regard. Experiencing different kind of conflicts at workplace has become a common news resulting life threatening injuries of the victims and leaving non-healing scars in the minds of those who has been serving to heal the wounds of others.

We have seen numerous cases of violence in different health institutions across the country, starting from the primary to tertiary care. Unfortunately, no study has been conducted for identifying the nature, magnitude, determinants and impacts of such incidences in the context of Bangladesh.<sup>3</sup> Often the health workers experience the outrage of patient parties visiting at the hospitals or locally influential people living around the health facilities. In recent years several incidences have been reported where the health provider was either brutally injured or lost the life.<sup>4,5</sup> Many times, the violence occur without the influence of any outsiders. This kind of internal violence is more prominently seen among the medical students with different interests who engage in such situations neglecting the consequences of the same. Recent violence in Comilla Medical College revealed how deadly a violence can be and how the lack of responsiveness of the institution as well as regulatory authorities fails to maintain a sound academic environment at the tertiary health institutions in Bangladesh.<sup>6</sup>

Such violence against health workforce irrespective of the nature of the people who are committing them and their respective interests, creates lasting impact both at the individual and the institutional level. The lack of trust and security affect the intellectual abilities and the quality of deliverables throughout the professional life. Moreover, the behavioral and psychosomatic health is affected resulting adverse mental health outcomes among the healthcare professionals.<sup>1</sup> It is noteworthy that Bangladesh suffers from severe scarcity of skilled health professionals and the current physician-population ratio is

3.05:10000 which is much less than what is required for universal health coverage.<sup>7</sup> In addition, trained health workers are increasingly switching their careers within the country and many more are migrating to the western countries for safer and better career opportunities.<sup>8</sup> This crisis would create vicious consequences in the public health sector affecting the availability, access and quality of health care services. Recognizing the potential hazards of violence against health workforce in Bangladesh, the policy makers must explore the gaps within the health system of Bangladesh. In neighboring country India, leading reasons of violence against health workforce include poor image of health workers in the perspectives of the media, poor health budget, inadequate quality of healthcare, vulnerability of small and medium healthcare establishments, lack of faith in the existing judicial process, mob psychology and poor health literacy, high cost of healthcare, poor communication between different stakeholders and lack of adequate policies and provisions that ensure security at the healthcare settings.<sup>9</sup> The relevance of these issues in the context of Bangladesh should be examined and other determinants should be explored for understanding the true picture of the such a serious public health problem. Further, the nation must create culturally appropriate and evidence-based interventions to address the cases of violence against health workforce and develop adequate strategies to prevent them in the first place. To do the same, the existing gaps in several domains of health policy and management should be addressed. First, the expenditure on public health is less than 0.787% of the total GDP which should be improved for better allocation of resources to the healthcare centers.<sup>10</sup> It will help to reduce the outcry of patient parties due to lack of products and services within the facilities. Second, the health services should be planned and delivered ensuring the local stakeholders who usually do not perceive the ownership of the public health facilities. A participatory healthcare system can be supportive to implement sustainable primary care in Bangladesh. Third, existing legal structures should be restructured in a way which will ensure justice to the existing cases of violence and allow the regulatory as well as law enforcing authorities to foster peaceful working environment in the health facilities. Last but not the least, the awareness about the poor health of the population and the rights of healthcare providers should be communicated to different societal groups and agencies for creating an enabling work environment where the providers would feel safer and would be empowered to perform their duties without the fear of violence against themselves.

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