International Journal of Community Medicine and Public Health
Gupta DK et al. Int J Community Med Public Health. 2020 May;7(5):1968-1971
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: http://dx.doi.org/10.18203/2394-6040.ijcmph20202015

Original Research Article

Illness profile of the patients and risk factors for violence against health care workers working in emergency department

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Received: 18 March 2020
Accepted: 13 April 2020

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ABSTRACT

Background: Emergency services are the back bone of the every hospital, providing 24×7 health care services. Health care workers (HCWs) working in emergency department are always at a greater risk of violence. Factors leading to violence against HCWs need to be addressed to curb these incidents. Aim and objective: To study illness profile of admitted patients through emergency, find out factors leading to violence against health care workers (HCWs) working in emergency, and to recommend development of optimum skills and measures for minimizing violence.
Methods: It was a cross-sectional retrospective record and focus group discussion based study. Study included patient of all age group admitted through emergency department in a tertiary care hospital in Uttar Pradesh between 01 August 2019 to 31October 2019. Data was taken from the hospital record and focal group discussion held with casualty medical officers, consultants, senior residents, junior residents, PG students, intern nursing staff and quality department. The information collected was analysed using SPSS version 20.0.
Results: Out of 7094 participants, 50.4% were female. Majority of the participants (33%) were 17-32 years of the age group. Most common factor responsible for the violence was poor communication skills followed by harsh voice, poor behavior and death of the patient.
Conclusions: Large number of the HCWs working in the emergency department are victims of violence by patients and their relatives. Most of the cases are underreported. There is a need to train doctors in soft skills and handling sensitive situations through appropriate measures for the safety of staff.

Keywords: Illness profile, Emergency. Violence, Health care worker

INTRODUCTION

Emergency services are the back bone of the every hospital running 24x7 health care services in any tertiary care hospital. Studies conducted across the world indicate EDs as high risk settings for violence against healthcare workers.[1,2] WPV (Work place violence) was defined by the National Institute for Occupational Safety and Health (NIOSH) as: violent acts, including physical assaults, directed towards a person at work or on duty.[3] Among health care personnel, ED HCW are at a greater risk of violence than other hospital personnel, perhaps due to their frontline nature of works and 24-hour accessibility.[4,5] Emergency department are facing various type of situation along with patients like large number of friends/relatives, unrealistic expectations of patients and their attendants from doctors and blaming them for their

problems.[6,7] Work place assaults are gradually increasing every years. Recent data indicated that more than two-thirds of physicians experienced work-related assaults and >50% of physicians suffered WPV in the previous year, and nurses are the next most vulnerable group after doctors.[8,9] Violence against ED staff is underreported globally including developed countries such as the UK, Italy, Australia, Canada, and the US.[10-14] Medical professionals who faced violence have been known to develop psychological issues such as depression, insomnia, posttraumatic stress, fear, and anxiety, leading to absenteeism.[15] Various studies reported from different countries regarding violence against health care workers have identified the factors for violence against the HCWs. This study was conducted to describe the demographic variables of admitted participants in emergency and to identify the factors leading to violence with HCWs in ED and recommending the development of optimum skills to minimize the incidents of assault against doctors and other ED staff.

METHODS

This cross-sectional study which was conducted from 01 August 2019 to 31 October 2019 included the patient (both male and female) of all the age group admitted the Emergency in a private sector tertiary care teaching hospital in Rohilkhand region of Uttar Pradesh (UP), India. The study involved fetching up all demographic and other variables from case files of patients admitted during the period of 01 August 2019 to 31 October 2019. These files were studied in medical record room after discharge/death of the patient. The data pertaining to violence with doctors and other health care staff was collected through focal group discussion with casualty medical officers (CMOs), consultants, senior residents, junior residents, PG students, intern nursing staff and quality department. We studied all 7094 patients admitted through ED during the study period.

Inclusion criteria

All the patients admitted through the Emergency during the survey period.

Exclusion criteria

Patients admitted throughout patients department (OPD) and those not willing for admission.

The research was approved by the Institutional Ethical community. The information was collected and data entry done in specific software SPSS version 20.

RESULTS

Majority of the admitted participants (33%) were between 17-32 years of age. There was no significant difference between admissions of males and females. The ED admissions predominantly had patients of rural background. Approximately 38% patients were covered by some kind of institutional or personal health insurance scheme (Table 1).

Table 1: Socio demographic of the study participants.

Variable	No.	Percentage
Age (in years)		
0-16	1047	14.8
17-32	2343	33
33-48	1293	18.2
49-64	1386	19.5
>65	1025	14.4
Gender		
Male	3519	49.6
Female	3575	50.4
Religion		
Hindu	3731	52.6
Muslim	3154	44.5
Other	219	3.0
Locality		
Rural	4532	63.9
Urban	3472	48.9
Type of admission		
General	4349	61.30
Corporate	2745	38.7
Total	7094	100.0

Despite long hospital OPD timings from 8 am to 5 pm, more than 40% of total patients got admitted through casualty (Table 2).

Table 2: Total and causality admission.

Month	Total admission	Total causality admission	%
August 2019	5535	2227	40.2
September 2019	5879	2440	41.5
October 2019	5404	2427	44.9

Almost one third of the total patient admitted through casualty were admitted in general medicine department (excluding super specialties) and rest more than two third of patient were admitted in medicine and allied departments (Table 3).

Various focal group discussions were conducted involving CMOs, consultants, senior residents, junior residents PG students, intern, nursing staff and quality department to ascertain the various factors which could have led to increased incidents of violence against doctors (Table 4). Table shows that the major determinants of violence with ED staffs were poor communication skills (80%) between health care workers and patients/relatives followed by harsh conversation, poor behavior with patients (55.6%) along with death of patients (36.1%).

Table 3: Distribution admission of patient in specialty wise from causality.

Specialist dept.	Total admission	Percentage
General medicine	2257	31.8
Cardiac	410	5.8
Neurology	344	4.4
Nephrology	234	3.3
Gen. surgery	601	8.5
Neurosurgery	301	4.2
Urology	124	1.7
Pediatrics surgery	18	0.25
Plastic surgery	9	0.12
Oncosurgery	2	0.03
Cardiac surgery	2	0.03
Obstetrics and gynecology	829	11.7
Pediatric	983	13.9
Pulmology	548	7.7
Orthopedics	150	2.1
Oncology	106	1.5
ENT	47	0.66
Psychiatry	46	0.6
Ophthalmology	11	0.16
Dermatology	10	0.14
Discharge from emergency	30	0.42
Other (admit for procedure)	3	0.42
Total	7094	100.00

Table 4: Determinants of violence against emergency staff.

Variables	Total	Percentage
Poor communication skills	288	80.0
Harsh conversation, poor behaviour with patients	200	55.6
Death of the patient	130	36.1
Mismanagement with the patients	110	30.1
Less competent staff	96	26.7
Delay in initiation of treatment	99	27.6
To take concession in hospital bill	90	25
Long waiting periods	90	25
Not doing duty sincerely	84	23.3
Delay in medical attention	60	16.7
Huge mob with patients	55	15.3
Shorten of staff	27	7.5
Poor facility availability	11	3.0

DISCUSSION

The present study was carried out to study the illness profile of the patients in and around Rohilkhand area of UP province in India and bring out the determinants of violence with health care staff working in emergency department. Violence cases against HCWs in the hospital are gradually increasing now a day. Results of present study were in consonance with other study by Hobbs which concluded that HCWs were always at high risk for assault from patients and their relative.[16] HCWs in emergency department experience frequent and severe levels of WPV because emergency department is the first place of communication between HCW and Patient's relatives. In this study majority of the cases of violence against HCW were mainly due to the poor communication skills between the doctors and patients and their relatives whereas Mitchell et al found that highly stressful situations and their direct communication with patients and their relative were the main causes of verbal and physical abuse in emergency setting.[17] The reporting rates for violence with HCW by patients are in consonance with other studies that found low reporting rates.[18,19] Rate of reporting of violence was reported very low in study conducted in Turkey.[20] The lack of security in emergency for HCWs and the high rates of violence are some of the most important reasons why new generation is now getting attracted to choose to practice this branch of medicine.[21] Educational interventions especially in ED that aim to promote effective communication skills and use of de-escalation techniques to prevent patient aggression are certainly a useful strategy. A team responsible for coordinating multidisciplinary care perhaps would improve emergency department practice.[22]

CONCLUSION

Violence against HCWs is increasing globally. Majority of the HCWs working in the emergency department are affected with violence with patients and their relative. Majority of the cases are underreported. There is a need to enhance proper infrastructure, effective communication skills between health care workers and patients/relatives, clear and transparent policies for handling emergency patients, prompt attention to emergency according to triage in case of mass causality, and effective counselling of relatives. A counsellor may be employed in ED to explain the process and protocols to relatives and attendants so that doctors can devote their precious time in handling emergencies only. All actions intended towards treatment should be supplemented with written documentation in patients case sheet. ED staff should be gentle and humble, there should be adequate number of security guard, CCTV surveillance, availability of quick response team for control the assault cases or rude behaviour of the patients and their family member toward the ED staffs.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Gupta DK, Singh RP, Agarwal AK, Bisht S. Illness profile of the patients and risk factors for violence against health care workers working in emergency department. Int J Community Med Public Health 2020;7:1968-71.