

Violence and Aggression towards Healthcare Workers - A Study Conducted in a Tertiary Care Hospital in Pakistan

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ABSTRACT

Background: Workplace violence against healthcare workers in emergencies, operation theatres, outpatient departments and indoors is of significant occupational concern that usually involves doctors, paramedics, patients and relatives; consequently it increases costs of services and results low standards of care. The comprehensions need detailed exploration for developing and flourishing new SOPs and amendments to stop violence in hospital

Aim: To understand the demographic facts and professional aspects linked with workplace violence and to estimate the prevalence in DHQ Teaching Hospital, Dera Ghazi Khan.

Study design: Descriptive care series

Place and Duration of Study: DHQ Teaching Hospital, Dera Ghazi Khan from 1st April 2019 to 30th June 2019.

Methodology: Eighty three healthcare workers were enrolled. Healthcare workers including resident doctors, medical officers, nurses and house officers were eligible to participate in cross-sectional study. A structured questionnaire comprising questions regarding the frequency, causes, reactions, timing and results of workplace violence with participants occupational and demographic information.

Results: The mean age was 33±7 years (range 25–40) and both males and females participated in this study. More than 95% had experienced some workplace violence at least once ($P \leq 0.005$).

Conclusions: The development of social support, effective safety trainings and workshops like activities for health care workers. Prompt reporting and policies like zero tolerance need to be strictly implemented to reduce workplace violence against health care providers.

Keywords: Healthcare workers, Healthcare relationships, Aggression

INTRODUCTION

The World Health Organization defines the Workplace violence as “any incident which involves the abusing, threatening, or assaulting the staff in circumstances of their work, it may involve an explicit or implicit challenge to their safety, well-being or health”.¹ Patient’s or their attendant’s aggression and violence against healthcare providers is a momentous health problem receiving global attention. International Labour Organization ranked healthcare workers second in regards to their exposure to assault at their workplaces.² Offensive behaviours appears in various forms and extremes: starting from verbal aggression to physical violence. It influences healthcare quality and, in intense circumstances, may even become the cause of medical malpractices and negligence³.

Doctors and specially nurses are vulnerable to violent and aggressive behaviour in the workplace. Female health care providers usually stay silent because of fear of retaliation; process for case reporting is complex and troublesome; they have not sustained injuries, or because they feel unsupported by management.⁴ Health services are mainly provided by hospitals and that’s why hospitals are main pillars of our health system.⁵ Healthcare workers are usually exposed to violence and abuse by relatives of patients that can lead to frustration and despair. They don’t have any insurance for their security to manage such violence towards them⁶.

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MATERIALS AND METHODS

The descriptive study was conducted at DHQ Teaching Hospital, Dera Ghazi Khan from 1st April 2019 to 30th June 2019. All healthcare personnel in this institution including resident doctors, medical officers, house officers and nurses were eligible to participate. A total of 83 healthcare workers enrolled. All the healthcare providers including medical officers, resident doctors, house officers and nurses, were randomly selected by a proportional allocation technique. Questionnaires were distributed in the wards, emergency rooms, outpatient departments and operation theatres during morning, evening and night shifts. And they dealt with both male and female patients. Data was obtained by using a structured questionnaire (self-administered) designed by a study researcher fellow. Violence defined by WHO was printed in questionnaire and also there was a complete section including nature, types, exposure and results of violence on health care providers. Ethical approval from the ethics committee and informed written consent from participants of the study was obtained. SPSS version 23 was used for data entry and calculations of the data. $P \leq 0.05$ was considered statistically significant.

RESULTS

The mean age of the workers was 33±7 years (range 25–40) and the healthcare providers include both male and female. More than 96% of healthcare workers experienced abuse and aggression from the patients and their visitors.

100% of the health professionals were agreed that the main cause of escalating aggression is lack of education of the patients. 42-54% of them claimed long waiting time, cultural background and personality of the patients or attendants as cause of assault. Shortage of staff and overcrowding was complained by 43-66% respectively. Only 12% accused of staff workload. 58% of the professionals criticized the security measures to manage distressing conditions. Up to 84% of the participants complained about the minimized learning and training for dealing with aggression, mismanagement in handling the dangerous aggressive situations and lack of communication skills with patients. 24-30% of the health personnel describe patient's chronic illness and demands as the reasons for violence. Drugs usage was also told as the vital cause of abusing by 31%. 100% were agreed that their workplace has not a better routine to deal with such violent situations (Tables 1-2).

Table1: What are the causes of violence, if you ever faced any kind of violence?

Variable	No.	%
Long waiting time	45	54.0
Culture and personality	35	42.0
Shortage of staff	55	66.0
Lack of education among patients and attendants	83	100.0
Overcrowding	36	43.0
Staff workload	10	12.0
Lack of security	48	58.0
Poor organization of work	25	30.0
Lack of communication skills to deal with aggressive patients	31	37.0
Patient health condition.	20	24.0
Unmet patient demands.	25	30.0
Patient of relative drug abuse.	26	31.0

Table 2: Violence related experience of health care workers

Violence related experience of health care workers	Not at all	Somewhat	Strongly agreed
Do you know how to avoid or resolve the dangerous situation?	2 (2%)	37 (44%)	37 (44%)
Do you know how you can handle an aggressive patient of attendant?	3 (3%)	40 (48%)	40 (39%)
My workplace has better routine to manage violence towards healthcare staff?	83 (100%)	-	-
Does violence at my workplace affected me?	13 (16%)	-	70 (84%)
Have you ever get any training on management of violence in hospital?	76 (91%)	7 (9%)	-

DISCUSSION

Workplace violence including harassment, threats, verbal abuse, and physical assaults, is a usual phenomenon in healthcare settings. In this research healthcare workers were asked about the causes of violence through a questionnaire. 100% of the health personnel were agreed

that lack of education among patients and attendants caused different kind of violence at their work places. While 42% of them reported that the culture of the patients was highly responsible for their deeds. The findings of Speroni et al⁷ had also agreed with those reported by this study. They also suggested considering the implementation of preventive as well as protective measures to reduce the events of violence occurring at workplace.

This study revealed that 54% of the participating healthcare workers concluded that long waiting time for patients compel them towards violence. Vezyridis et al⁸ found that it was waiting time, that became the most important factor by the Management. In this study 66% healthcare staff reported shortage of staff, 43% affirmed overcrowding and 12% claimed staff workload. El Ghaziri et al⁹ established the same results that the majority of studies have focused staff workload and overcrowding of patients as the major causes of violence. 58% of the professionals notified lack of security at their work places. Ramacciati et al¹⁰ adopted different interventions for security purpose to reduce the risk of violence in emergency departments.

24% of the participants claimed poor health condition, while 30% asserted unmet patients` demands as the cause of violence. Fujita et al¹¹ evaluated workplace violence in Japan and identified that patient and attendant shaving mental stress due to prolonged hospitalization and illness could become arrogant and assault against healthcare providers and ultimately disturb healthcare quality. In our study 31% of the healthcare employees reported violence under the influence of drugs. The same results were mentioned by d'Ettorre et al¹². They talked about alcohol and drugs as a source of workplace aggression.

An increasing incidence of workplace violence against healthcare providers has become a worldwide problem. I also asked violence related consequences and experiences of the healthcare workers so that it can be reduced or at least dealt with.

Health care professionals were asked about the training, if they could deal with such violence. 91% of them denied and revealed they have never been trained. More than 96% said they cannot handle or avoid the dangerous or aggressive situations. Hills et al¹² and Guay et al¹³ also exhibited that education and training could minimize workplace aggression directed toward them by patients and their attendants. 100% of the health workers complained about worst routine to manage distress, frustration or hostility. Alsaleem et al¹⁴ advised that the administrators must have to implement laws, rules and regulations to overcome violence incidents in hospitals.

CONCLUSION

Healthcare providers have a right for being secure at workplaces. Healthcare personnel should be trained to deal with such situations when they arise. Prompt monitoring of aggression levels and the reasons behind in hospitals is very critical and important. But the study conducted in DHQ teaching hospital Dera Ghazi Khan is not enough and further research on the violence against healthcare workers is needed.

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