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Original Article

Violence against Healthcare Workers of the Emergency Department in Nishtar Hospital, District Multan

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Abstract

Background: Healthcare workers who work in emergency departments are at a high risk of being involved in workplace violence (WPV) due to the nature of their profession which is very stressful and tense worldwide.
Objective: The purpose of this study was to see the frequency of violence against healthcare workers and to identify the type of violence as well as the offender involved in this act in the hospital of Multan city.
Study type, settings & duration: This cross-sectional study was conducted at Nishtar Medical College and Hospital Multan from June to August 2019.
Methodology: We conducted this cross-sectional study using the World Health Organization's tool to collect quantitative data on different aspects of workplace violence (WPV) among universally selected 164 healthcare professionals working in the emergency department of a tertiary care hospital of Multan after taking informed consent.
Results: Most physicians reported exposure to at least one type of violence in the past two months. A most common form of violence was verbal violence, which accounted for about three fourth (75.6%), and physical violence about 24.4%. The perpetrators of such incidences were mostly relatives of attendants of patients. Very few cases that created such events of aggression were investigated.
Conclusion: Violence in hospitals is a serious public health concern. Verbal violence is the most reported workplace form of violence, affecting mostly physicians. Higher authorities and policymakers should introduce legitimate procedures and interventions to manage this serious issue.
Key words: Healthcare workers, physical violence, verbal abuse, workplace violence.

Introduction

It is estimated that approximately 8-38 percent of healthcare workers face verbal or physical violence at some stage of their careers. Visitors and patients mostly initiate violence. Healthcare employees may become targets of political and collective violence also in disaster situations.[1] Workplace violence is a major issue. Workplace violence is defined by many organizations. National Institute for Occupational Safety & Health defines it as "violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty".[2] To reduce workplace violence efforts have been made in the research and development departments of interventions in the past 15 years. As healthcare professionals work in highly tense environments as well as caring for patients in a psychological or physiological calamity, which can result in getting exposed to workplace violence. External aggression is the term used to describe aggression from patients and their attendants toward healthcare professionals.[3] Violence at the workplace by the patients, attendants of patients,

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HH conceptualized the project. TR did the data collection. MA & SBK did the literature search. QZ performed the statistical analysis. Drafting, revision & writing of manuscript were done by RM. MAC also supervised and assured the quality. ABK did the final revision.

visitors, or coworkers is a major issue that is affecting every group of health workers in the social and health care departments. Violence at the workplace done by a coworker is termed as bullying and that created by a patient is termed as verbal, physical threats and assaults.[4] Nurses in general as compared to other professionals spend more time with patients. Nurses who work in emergency are at extra risk of facing violence from the patients or their attendants as they come in direct contact in the tense situations.[5] Healthcare workers in United States are vulnerable to the highest number of assaults each year.[6] There were 594 reported cases of violence on health care that resulted in 1561 injuries and 959 deaths in emergencies over the period from January 2014 to December 2015 in nineteen countries, of these assaults more than half of the attacks were against health care facilities and rest were against healthcare workers. 62% of the attacks were deliberately targeted at the health care facilities.[7] Another study done in the primary healthcare setting on violence against health care workers in showed that violence at workplace is major issue in public health. The safety program is ineffective as shown by the frequency and under-reporting.[8] In some Asian nations, higher prevalence of WPV is reported.[9] Forty-three percent healthcare employees in a previous research from Multan told that they were attacked physically in their hospital.[10]

Methodology

We conducted this cross-sectional study using World Health Organization's (WHO) tool to collect quantitative data on different aspects of work-place violence (WPV) among universally-sampled 164 health care professionals working in the emergency department of a tertiary care hospital of Multan. All present heath care workers who have been working there including doctors, nurses, paramedics were part of the study. Informed consent was also taken from participants before collecting data.

The questionnaire comprised of four sections. 1st section involved questions related to sociodemographic. 2nd section included place, type & timings of violence incident, worriedness about violence among HCW's. 3rd section comprised of questions about reporting procedures and encouragement to report WPV, while the 4th section had information related to existing measures, policies to deal with WPV events and response of the Healthcare personnel towards violence events. Descriptive statistics i.e frequencies and percentages were presented in the form of graphs, tables.

The ethical approval was obtained from the Internal Review Committee of Health Services Academy, Islamabad.

Results

Out of 164 participants, 67 were females while 97 were males. Most 104 (63.4%) were physicians, followed by nurses (n=38, 23.2%), professional staff 18 (11.0%) while only a few 4 (2.4%) of the participants were technical staff. Socio-demographic characteristics are shown in Table-1.

Table 1: Socio-demographic characteristics.

Variables		*Percentage*
Sex	Female	67 (40.9%)
	Male	97 (59.1%)
Marital status	Single	15 (9.1%)
	Married	149 (90.9%)
	Physician	104 (63.4%)
Occupation	Nurse	38 (23.2%)
	Professional staff	18 (11.0%)
	Technical staff	4 (2.4%)

The bar graph below shows that there was no incident of bulling or mobbing, sexual harassment and racial harassment reported. Overall 24.4 % physical violence and 75.6% verbal abuse cases were reported. As shown in Figure-1.

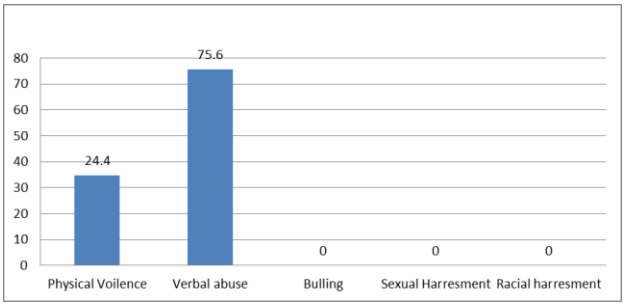

Figure 1: Situation of violence against the health care professionals.

Mostly the physicians faced these incidents at their workplace i.e physical violence (17.5%) and verbal abuse (50%).

Numerous local risk factors or events that lead to physical or verbal abuse were frustration due to long waiting times owing to the burden on public hospitals, unsatisfied with the treatment given, and poor waiting corridors/areas.

The nature of the harm caused by physical violence was mainly health conditions & injuries reported by these HCWs. Long-term and short-term

impacts of violence on HCWs include stress, a decrease in their daily performance, and burnout.

A few (3.5%) nurses faced physical violence and verbal abuse (17%). Allied Health workers reported 2.4% physical violence while 8.6% verbal abuse. While only one percent of the technical staff reported the violence and abuse (Table-2).

Table 1: Most common victim cadre of health care workers.

	Physical Violence	*Verbal Abuse*
Physician	17.5%	50%
Nurse	3.5%	17%
Professions allied to medicine	2.4%	8.6%
Technical staff	1%	0%

Physical violence (23.2%) and verbal abuse (70.2%) were mainly reported in morning shifts as compared to evening shift (1.2 % & 5.4% each). In most cases the offender were the relatives of patient as compared to the patients themselves (Table-3).

Table 3: Time of violent event & identity of offender.

Variables		*Physical Violence*	*Verbal Abuse*
Time of violent event	Morning shift	23.2%	70.2%
	Evening/night shift	1.2 %	5.4%
Identity of offender:	Patient/client	1.8 %	3.8%
	Relatives of patient/client	22.6%	71.8%

Discussion

Almost across all countries, Healthcare staff directly engaged in patient care and in emergency services are frequently at risk of facing violence in addition to contagious diseases.[1,11] The occurrence of violence experienced by healthcare workers in Multan was explored through this study. Verbal violence remained the major form of violence faced. More than half of health care workers (75.6%) in this study had witnessed or experienced verbal violence. Almost one-fourth of participants (24.4%) experienced physical violence alone. The findings of our research are in conformity with the results of other previously conducted studies in Pakistan. The relatively high percentage of violence seen in those studies is probably due to the studies conducted in emergency departments.

Previous researches revealed that workers of emergency departments, tertiary care facilities, and public hospitals were associated positively with WPV.[12-16] Outcomes of the current investigation are more in conformity with patterns of violence against health care workers identified in the previously conducted study. Almost every health care worker reported having some level of anxiety & worry concerning violence in current work settings.[17,18]

Working in shifts also showed a higher incidence of violence as compared to those who worked in single shifts, in my study those who worked in day shifts had a higher incidence of getting involved in such violent situations. As shown by the results in relation to physical violence, the most common initiator of violence was found to be the attendant or relative of the patient same goes for verbal abuse. After an act of physical violence, the participants were found to be extremely bothered along with repeated disturbing memories and thoughts which helped them to be super alert on duty hours. Most of the time when such an event occurred only a warning was issued to the offender rather than taking any action against him or her. Health care personnel considered workplace violence in medical profession as part of their job. As violence is common among HCPs and is unintentionally accepted so that is why it is mostly not reported. The dearth of reporting because of unfavorable consequences has been also reported in researches of Saudi Arabia.[19,20]

This study indicates that in most cases the offenders were the relatives of patient as compared to the patients themselves. Another cause of violence was the communication gap of Health care personnel with attendants of the patient. Healthcare workers should be trained in communicating with the patients and attendants and keeping them informed of the patients' health status.[4,7] The findings of the study also lay bare the current apprehensions & worries amongst health care workers concerning their safety & security at workplace. As shown by the results the most common victim cadre involved in this study was the male doctors followed by nurses and female doctors, previous literatures also show the same pattern of violence, and the victim cadre also correlates.[6,7,21]

Most important reason of violence was a consequence of the emotional reaction by attendants due to the patient's serious conditions. Lack of resources is also reported as major cause of violence in previous studies.[22] There should be encouragement to report all sorts of violence at the healthcare level and there should be zero tolerance against all sorts of violence. Further, proper action by management as per nature of violence is also needed at the time of violence,[1,6,23] as WPV's prevalence against healthcare employees is high, specifically in North American and Asian nations.[24]

Violence faced by the healthcare givers needs interventions at various levels. There is a

requirement to develop & implement standard security policies in hospitals, including zero tolerance warnings, triage, restriction of access of multiple attendants inside the hospital, weapon-free zone notifications, restrict close interactions of folks with healthcare experts, & establishment of complaint cells. This can't only lessen violence but also help Health care personnel in providing better quality care to patients and ensure patient safety.[25-28]

The significant limitation of the study was the smaller sample size. Only one public sector teaching hospital was selected excluding all the private health centers so the results cannot be generalized to all healthcare sector. Results are presented only in the form of descriptive statistics. Recall bias was also a problem encountered by many of the respondents when they were asked to recall past events.

Violence in hospitals is a serious public health concern. From the findings of this study, we can conclude that the violence at the emergency department of Nishtar Hospital was on a higher note. Further interventions aimed at reducing workplace violence should be recommended. Higher authorities and policymakers should introduce legitimate procedures and interventions to manage this serious issue. Well-organized reporting system, and zero tolerance policies need to be implemented to reduce workplace violence against health workers. Further studies with larger sample sizes and advance statistical tests and exploring potential associations between demographic factors and experiences of violence are highly recommended.

Conflict of interest: None declared.

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