

ORIGINAL ARTICLE

PREVALENCE OF WORKPLACE PHYSICAL VIOLENCE AGAINST HEALTHCARE PROFESSIONALS IN HOSPITAL

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Background: Workplace violence (WPV) is defined as ‘violent acts, including physical assaults and threats of assault, directed toward the persons on duty or at work’. Growing public-health concern among Healthcare Workers (HCW’s) is WPV. The purpose of this study was to estimate prevalence of healthcare-associated violence. **Methods:** This cross-sectional study was conducted at Nishtar Hospital, Multan from June to August 2020. World Health Organization tool was used to collect quantitative data on different aspects of workplace violence after taking informed consent from universally selected 164 healthcare professionals working in the Emergency Department. **Results:** Out of 164 healthcare workers, 97 were males while 67 were females. More than 70% (115) had 1–5 years experience and 41 (25%) had more than 5 years experience. Sixty percent of the participants reported any form of violence during their careers, 57 (34.75%) reported physical violence while 41 (25%) reported verbal abuse. When talking about frequency of physical violent events, 84.2% reported more than once a month. All participants who reported physical violence and verbal abuse responded that the place of the incident was inside in the hospital/facility and could have been prevented. **Conclusion:** Violence inside workplace is at a higher note and is preventable. Academic institutions should teach the necessary skills also for responding to acts of violence.

Keywords: Physical violence, frequency, healthcare workers, prevalence, abuse

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INTRODUCTION

Workplace violence (WPV) is defined by National Institute for the Occupational Safety and Health as ‘violent acts, including physical assaults and threats of assault, directed toward the persons on duty or at work’.¹ Health sector is at highest risk.² Nearly across all nations, in addition to various contagious maladies, healthcare staff involved directly in patient care and in emergency services are usually at risk of fronting violence.^{3–6} According to World Health Organization, workplace violence is classified as physical, sexual, psychological (emotional), and racial.⁷ Workplace violence against healthcare workers consists of abuses in circumstances associated with work, aggressions, and intimidations.^{8,9}

Roughly 8–38% healthcare personnel face physical or verbal violence at some point in their professional lives. Patients and visitor mostly initiate the violence incidents. In disaster situations, healthcare workforce may also become targets of collective and political violence.³ Aggressive incidents against doctors are common, reported violence cases form tip of iceberg, while non-reported cases remained as submerged part.^{10–12}

Healthcare workers of United States are susceptible to highest number of attacks/assaults every year.¹³ From Jan 2014 to Dec 2015, in 19 nations, 594

cases of violence were reported on healthcare workers which lead to 1,561 injuries and 959 demises in emergencies, more than half of these assaults were against the healthcare facilities while rest were against healthcare staffs.¹⁴ Violence results in decreased quality of the patient care and reduced productivity.²

To decrease WPV, efforts and interventions have been made in recent years.¹⁵ Workplace Violence is a growing public-health concern among HCW’s.¹⁶ In Indonesia, prevalence of WPV is 54.6% for non-physical violence incidents and 10% for physical violence.¹⁷ Another study revealed that 37.9% nurses encountered verbal threats, verbal sexual harassment was experienced by 10.4% nurses while 64.4% faced emotional abuse.¹⁸

Prevalence of aggression and violence has not decreased despite numerous studies on causal factors and extensive zero tolerance campaigns, having a detrimental impact on health of HCW, and eventually, patient care.⁹ The purpose of this study was to estimate prevalence of the healthcare-associated violence.

METHODOLOGY

This cross-sectional study was conducted at Emergency Department of a tertiary care hospital of Multan using WHO tool to gather quantitative data on the various aspects of WPV amongst universally-sampled 164 HCW from June to August 2020.

Several sections were included in the questionnaire. One of sections had questions of sociodemographic variables, and work experience. Other section inquired about frequency, place, type and timings of violence incident, fearfulness about violence amongst HCW's. Third part covered questions about the reporting procedures and encouragement to report these WPV. All present healthcare professionals who have been working there including doctors, paramedics, nurses, were part of this research. Healthcare workers absent at the time of study were excluded. Ethical Review Committee of the Health Services Academy, Islamabad granted approval, and informed permission was obtained from participants prior to data collection. Descriptive statistics, i.e., frequencies and percentages were calculated.

RESULTS

Out of 164 healthcare workers, 97 were males while 67 were females. Most (63.4%) participants were physicians, followed by 23.2% nurses, 11.0% professional staff, while only a few (2.4%) were technical staff. While talking about prevalence of workplace violence among Healthcare Workers, out of 164 participants, 98 (60%) reported any form of violence during their careers. (Table-1).

More than 70% (115) subjects had 1–5 year experience and 25% (41) had experience more than 5 years, while only 8 (4.9%) had experience less than one year. (Figure-1).

All participants who reported physical violence and verbal abuse responded that the place of the incident was inside in the hospital/facility and could have been prevented. When talking about frequency of physical violent event, 84.2% reported more than once a month. (Table-2).

Table-1: Demographic characteristics (n=164)

Variables		No. (%)
Gender	Female	67 (40.9)
	Male	97 (59.1)
Occupation	Physician	104 (63.4)
	Nurse	38 (23.2)
	Professional staff	18 (11.0)
	Technical staff	4 (2.4)
Ever Experienced WPV	Yes	98 (60)
	No	66 (40)

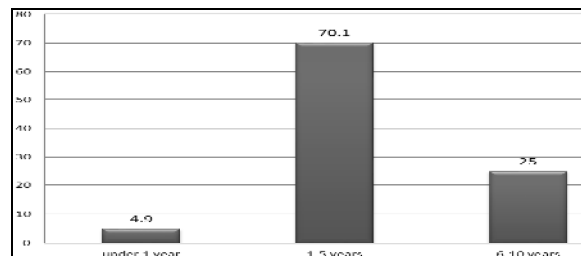


Figure-2: Working experience of study participants in health sector

Table-2: Incidents of violence and abuse with reference to other variables

Variables	Frequency (%)	
	Physical Violence	Verbal Abuse
Place of violent event		
Inside workplace	57 (34.75)	41 (25.0)
Outside workplace	-	-
Violent event was preventable		
No	-	-
Yes	57 (34.75)	41 (25.0)
Physical Violence		
Once	9 (15.8)	
More than once a month	48 (84.2)	
Verbal Abuse		
Sometimes	32 (78.0)	
Once	9 (22.0)	

DISCUSSION

Staff of Emergency Department has few additional risk factors such as: family members' stress because of patient's condition and fear of unknown, long waiting times, anger of family member associated with hospital policies in addition to healthcare system in general.⁷ Aggression from the patients and attendants towards the healthcare professionals is termed as 'external aggression'.¹⁵ Patients' aggressions affect healthcare quality, and in severe situations, might even result in medical malpractice. Mostly, nurses are exposed to various forms of patient's aggression.⁸ WPV surges anxiety and stress levels, insecurity, guilty, feelings of anger, burnout among HCW's.¹⁰

Sixty percent participants of this study reported any form of violence during their careers, which is nearer to 55.7% partakers of another study who experienced physical violence.¹² Some type of violence was experienced by 45.6% HCW's of another survey.¹³ Among our subjects, 34.75% reported physical violence while 25% reported verbal abuse. Another study reported prevalence of physical and verbal abuse as 18.3% and 37.1% respectively.¹⁹

In our study, 4.9% subjects had experience <1 year while majority had experience between 1–5 years which is comparable to another research where 13.0% and 17.3% subjects were working there for <1 year and <4 years respectively.² In majority of the cases, patients or their relatives abuse verbally, or threats against doctors to show their disappointment and dissatisfaction with treatment results.²⁰

The main causes of WPV's burden include a few crucial factors, for instance, reluctant attitudes of the employers and employees about WPV, including under-reporting by employees, inadequate job security, dearth of knowledge amongst HCW's, and ineffective action by higher authorities.¹⁶

All partakers of our study reported that incident took place inside a health institution/facility which is almost identical to that of another

investigation¹² reporting 91%, and is more than that of another study²¹ (47%). In our study 18.36% subjects said that violent event occurred once a month whereas 59.5% HCW's of another survey¹³ reported that frequency of violent event was once or more in a month.

Recognizing workplace violence and making sure that violent actions are appropriately reported are the first steps towards preventing it. Across the globe, nurses are both witnesses to and victims of work-related violence.²² All partakers in this survey believe that violent event was preventable. AlAteeq *et al*¹³ reported 82.9% subjects expressing the same which is far more than reported by another researcher²¹.

All hospitals should develop and implement standard security protocols, such as triage, weapon-free area notifications, zero-tolerance warnings, limiting the entry of multiple attendants, preventing close contact between attendants and medical professionals, and creating complaint cells. This will not only minimize violence but also assist medical staff in giving patients higher-quality care and ensuring patient safety.²³⁻²⁵

LIMITATIONS

Short duration and smaller sample size were the main limitations of this study.

CONCLUSION

Violence inside workplace is at a higher note and is preventable. Academic institutions should include necessary skills for responding to acts of violence also in their curricula for healthcare professionals to handle such situations effectively.

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